

No. 2
-8-43
-17-39
X37223

FILED AUG 19 1946

Registration District No. **314**

Primary Registration District No. **6061**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Gerster rural
(c) Name of hospital or institution: Dollar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All of Life
In this community All of Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County st. Clair **93**
(c) City or town Gerster
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William C. King

3. (b) If veteran, name war No 3. (c) Social Security No. 702-03-9575

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elfie May King 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April 13 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace St. Clair County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer on Rail Road

11. Industry or business _____
12. Name Jefferson King
13. Birthplace Hickory County Missouri (State or foreign country)
14. Maiden name Mary Rogers
15. Birthplace Hickory County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Elfie King
(b) Address Gerster Missouri

17. (a) Burial (b) Date thereof 7-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kings Prairie Cemetery

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Missouri

19. (a) 7-13-46 (b) Rich Seaman
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1946 hour 2 minute 45A M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide
Died as a result of gun shot
wound on left breast self in-
flicted.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 7-13-1946
(c) Where did injury occur? Gerster Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home

While at work? No (Specify type of place) (e) Means of injury 3
23. Signature James B. Gardner (M.D. or other) _____
Address Osceola Mo Date signed 7/3/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

288

9481 6 T 944

RECEIVED
District Officer No. 7
Disposal Officer 7-46-824
Date Filed 8-14-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul J. Stone

Licensed Embalmer No. 3940

P. O. Address O scale no.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.