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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30811

Registration District No. 167 Primary Registration District No. 5606 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural, Jackson twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 57

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 miles N.E. Lone Jack Mo. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Robert Jackson King

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 11 (Day) 1883 (Year)

8. AGE: Years 63 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Lone Jack, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Thomas King
13. Birthplace Jersieville, Ill /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie Watts
15. Birthplace Jersieville, Ill /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dott Longacer
(b) Address Warnesburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Jack, Mo.

18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Missouri.

19. (a) Sept 20, 1946 (Date received local registrar) (b) Mrs H O Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1946 hour 9. 20 minute p. M.

21. I hereby certify that I attended the deceased from Feb. 25, 1946 to Sept. 12, 1946 that I last saw him alive on Sept. 12, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure — Duration 24 hrs.

Due to Hypertension — 10-15 years

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature Harry Harkness (M. D. or other) M.D.
Address Warrensburg, Mo. Date signed 9/14/46

150 (Licensed Embalmer's Statement on Reverse Side)

JAN 25 1949

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 By me 9-12-46-, Registered Apprentice No. ....., working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill, M

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.