S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31145

State File No.

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 130

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla...Rural (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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

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

(d) Street No. Edgar Springs Star Route 1 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Oscar Charles King

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race Wh.

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

6. (b) Name of husband or wife Mary Josophene King

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

7. Birth date of deceased July 22, 1915 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
31	1	24	hr. min.

9. Birthplace Yancy Mills Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter-Painter

11. Industry or business

FATHER
12. Name George King 0
13. Birthplace Newburg ~~Yancy Mills~~ Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cora May Black
15. Birthplace Yancy Mills Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant George M. King

(b) Address Edgar Spgs. Star Rt. Rolla Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Knob Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home

(b) Address 508 West 8th St. Rolla Mo.

19. (a) Sept 17, 1946 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1946 hour 9 am minute 15 M.

21. I hereby certify that I attended the deceased from June 1940, 19__, to Sept, 1946 that I last saw him alive on 9/16/46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Alcoholism

Due to Chronic Nephritis

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.

1318

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)

While at work? (e) Means of injury 0

23. Signature Harry H Davis M.D. (M.D. or other)

Address Rolla Mo Date signed 9/18/46

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(Licensed Embalmer's Statement on Reverse Side)

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 Forrest B. Abernathey, Registered Apprentice No. 419, working under my personal supervision.

Signed B. L. Nuell

Licensed Embalmer No. 3297

P. O. Address Rolla Mo.

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.