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M-8-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

State File No. 32438

FILED OCT 24 1946

STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 677-6172

Registrar's No.

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

1. PLACE OF DEATH

(a) County Stone

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 4 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mathie King

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex 7 /

5. Color or race wh

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

6. (b) Name of husband or wife A. F. King

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Jan 11 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Stone Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name Henry Baker

13. Birthplace Uniontown Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hentley

15. Birthplace Stone Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A. F. King

(b) Address Salena Mo.

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

(c) Place: burial or cremation Salena Mo.

18. (a) Signature of funeral director Errett J. Cheatham

(b) Address Salena Mo.

19. (a) Aug 24-46 (b) Lena Murray-Dep.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone

(c) City or town Washington Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16th year 1946 hour 8:00 minute _____ a.m.

21. I hereby certify that I attended the deceased from Aug 15 1946 to Aug 16 1946 that I last saw her alive on Aug 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertension

Due to _____

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

Major findings: Of operations g3A

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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed Aug 15 46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1046-1014

Date Filed OCT 3 - 1946

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

Everett J. Heatham

Licensed Embalmer No. 3870

P. O. Address Baldwin - 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.