

DEPARTMENT OF COMMERCE
STATISTICAL SERVICE
FILED NOV 07 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36430

State File No. _____

Registrar's No. 106

Registration District No. 82

Primary Registration District No. 3017

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution: Alex. vanRavenaway Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
(Specify whether
In this community All of life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
(c) City or town Boonville 0
(If outside city or town limits, write "RURAL.") 0
(d) Street No. Route 1
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Irving 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 April 7th 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 6 11 hr. _____ min.

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

10. Usual occupation Mechanic

11. Industry or business Home shop.

MOTHER FATHER
12. Name Henry King
13. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Schmidt.
15. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry King.
(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Oct. 21st /46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clarks Fork Lutheran Cem

18. (a) Signature of funeral director Goodman & Boller.
(b) Address Boonville, Mo.

19. (a) 11-8-46 (b) D. Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1946 hour 5 minute pt.

21. I hereby certify that I attended the deceased from Oct 11 to Oct 18, 1946
that I last saw him alive on Oct 18 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory paralysis 1 week.
Due to fractured neck
Due to fall of roof.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none 186A
Of autopsy none 18
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 27
(b) Date of occurrence Oct 11, 1946
(c) Where did injury occur? 4 1/2 miles. no RFD.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home fall from
While at work? Yes (Specify type of place) (e) Means of injury fall from
23. Signature W. R. Ramsey (M. D. or other) 0
Address Boonville, Mo. Date signed Oct. Nov.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-23-46

NOV 26 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 J. A. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.