

**FILED DEC 24 1946**

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 952

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour (Specify whether years, months or days)

In this community 1 hour

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

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

(d) Street No. 218 Bosseau St.  
(If rural, give location)

(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME FRANK E. KING

3. (b) If veteran, name war No

3. (c) Social Security No. No

20. DATE OF DEATH: Month November day 25  
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 19-46  
to Nov 25 1946  
that I last saw him alive on Nov 24  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula King 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased July 1868  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years 78 Months 4 Days 17 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace Remington Indiana  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations g47

Of autopsy \_\_\_\_\_

MOTHER FATHER

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name David King 9

13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

14. Maiden name Sophia King

15. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Lula King

(b) Address Greenfield, Mo.

17. (a) Burial (b) Date thereof 11-27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield, Mo.

18. (a) Signature of funeral director Sam E. Senseney Jr.

(b) Address Greenfield, Mo.

19. (a) 12-1-46 (b) W. Standley MD  
(Date received local registrar) (Registrar's signature)

23. Signature W.D. Cowan (M. D. or other) MD

Address Greenfield, Mo. Date signed 11-25-46

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

---

---

**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 *Sam E. Senesney Jr*

Licensed Embalmer No. *4099*

P. O. Address *Greenfield, 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.**