

No. 2
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4921
State File No. _____
Registrar's No. 497

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 MONTH 11 DAYS
In this community 71 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN KING
3. (b) If veteran, name war No 3. (c) Social Security No. 490-24-3259

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife MRS. LILLIAN KING 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased NOVEMBER 13 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>18</u>	hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOTEL OWNER

11. Industry or business DIXON HOTEL

12. Name JOHN KING

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

14. Maiden name CAROLINE WORSCH

15. Birthplace CINCINNATI OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian King

(b) Address 801 E. Armour, Kansas City Mo

17. (a) BURIAL (b) Date thereof FEB 3 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH TEMPLE

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 2-3-47 (b) Blialdine Holme
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 801 E. ARMOUR BLVD.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 31
year 1947 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Dec. 20, 1946 to Jan. 31, 1947.
that I last saw him alive on Jan. 31, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death
Mesenteric embolus Duration 4 days
Cerebral embolus 1 week

Due to Wural thrombus, left ventricle

Due to coronary occlusion

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940

Of autopsy as above

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 G

23. Signature Harry Ballard (M. D. or other) _____

Address 1406 Bryant Bldg. Date signed 2/1/47

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

MOTHER FATHER

11/20/2011 prep.

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 *Carl Rapp*
Licensed Embalmer No. *3458*
P. O. Address *K.C. 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.