V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7976

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 449

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1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yr - 1 mo - 14 days (Specify whether years, months or days)
In this community 3 yr. 1 mo 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn.
(c) City or town Bucklin
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME John King

3. (b) If veteran, name war no

3. (c) Social Security No. none

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 July (Month) 17 (Day) 1877 (Year)

8. AGE: Years 69 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John L. King
13. Birthplace Do not Know (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Sarah Forbes
15. Birthplace Do not Know (City, town, or county) Ill (State or foreign country)

16. (a) Informant C. A. Larson
(b) Address Bucklin Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bucklin Mo

18. (a) Signature of funeral director Atkins Funeral Home
(b) Address St Joseph Mo

19. (a) 4-1-47 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1947 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from March 1, 1947, to March 29, 1947, that I last saw him alive on March 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration

Due to Arterio sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 0

23. Signature Forrest Thomas (M. D.)
Address St Joseph Mo Date signed 4/29

392 (Licensed Embalmer's Statement on Reverse Side) c/o State Hospital No 2

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 Charles M Harman, Registered Apprentice No. 450, working under my personal supervision.

Signed John Ray Clanney

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.