S. No. 2
DM—5-43
v. 5-17-39
» 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8104

State File No.

FILED MAR 28 1947

Registration District No. 15

Primary Registration District No. 5143

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Twp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

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

(d) Street No. R.F.D.#4
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Robert King

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 13th (Day) 1935 (Year)

8. AGE:

Years	Months	Days	If less than one day
11	5	1	hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name John King
13. Birthplace (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant C.O.Hardin
(b) Address R.F.D.#4 Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Quilin, Mo

18. (a) Signature of funeral director Frank-Cotrell Cahpel
(b) Address 412 Vine St. Poplar Bluff, Mo.

19. (a) 3/18/47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th year 1947 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Mar 7, 1947, to Mar 14, 1947, that I last saw him alive on Mar 14, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Failure	
Due to Toxemia	
Due to Peritonsillar Abscess	
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.

115c

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J.W. McPheeters Jr. (M. D. or other) MD
Address 2nd & Elm Poplar Bluff, Mo Date signed 3-15-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 342-44
Date Filed 3-25-40

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 Lou Clark

Licensed Embalmer No. 4216

P. O. Address Poplar Bluff, 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.