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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 15 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**10283**

State File No. \_\_\_\_\_

Registration District No. 274 Primary Registration District No. 5922 Registrar's No. 118

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Beaman (rural)  
(c) Name of hospital or institution:  
Route 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution four years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town Beaman (rural)  
(d) Street No. Route 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Lawson Jesse King  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 21 year 1947 hour 4:25 minute A. M.  
21. I hereby certify that I attended the deceased from about 1943 to March 21, 1947  
that I last saw him alive on March 19, 1947 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 Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \*\*\*\*\* years  
7. Birth date of deceased: August 14, 1903  
(Month) (Day) (Year)

Immediate cause of death  
Syphilis of the Central Nervous System  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
43 7 7 hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations 30  
Of autopsy \_\_\_\_\_

9. Birthplace Fairfield, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business Agriculture

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? \_\_\_\_\_

MOTHER FATHER {  
12. Name Thomas King  
13. Birthplace Saline County, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Nannie Berry  
15. Birthplace Saline County, Mo.  
(City, town, or county) (State or foreign country)

23. Signature A. L. Walter (M. D. or other) MD  
Address Sedalia Mo Date signed 3-22-47

16. (a) Informant Isaac King (bro.)  
(b) Address Route 1, Beaman, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/47  
(Month) (Day) (Year)  
(c) Place: burial or cremation Crown Hill  
18. (a) Signature of funeral director Shane Ewing  
(b) Address Sedalia, Missouri  
19. (a) 3/22/47 (Date received local registrar) (b) Betty Yeagers (Registrar's signature) Agent

While at work? (Specify type of place) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_  
23. Signature A. L. Walter (M. D. or other) MD  
Address Sedalia Mo Date signed 3-22-47

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

25, (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

REC-74-47  
FEB 16 1948

*Jr. Walter*

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 *Ruane Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Medalia*

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.