

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

16720

FILED MAR 20 1947

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 169

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: Callaway County Hospital
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 320 N. W. 8th
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Dudley King

3. (b) If veteran, name war No

3. (c) Social Security No. None

20. DATE OF DEATH: Month May day 3rd year 1947 hour 5 minute 45 A M.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Reverness 6. (c) Age of husband or wife if alive 18 1/2 years

7. Birth date of deceased: Feb (Month) 3 (Day) 1874 (Year)

21. I hereby certify that I attended the deceased from May 2nd 1947 to May 3rd 1947 that I last saw him alive on May 2nd 1947 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>0</u>	hr. min.

Immediate cause of death: Myocarditis acute 1 day

Due to Chc Myocarditis

Due to Hypertension with
apoplexy

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Callaway Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER {

12. Name OK

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

14. Maiden name OK

15. Birthplace OK
(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) No

(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? _____

16. (a) Informant Mary Jane King
(b) Address 320 N. W. 8th Fulton, Mo.

17. (a) Burial (b) Date there May 6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Side Cem. Fulton, Mo.

18. (a) Signature of funeral director Eli Bell
(b) Address Fulton, Mo.

19. (a) May 6-1947 (b) Jesse Morand
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature George J. Wood (M. D. or other) _____
Address Fulton Mo Date signed 5/5/47

Date Filed 5-17-47

District File Number.....

District Health Officer No. 91

RECEIVED

JUN 1 1947

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.....

Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, 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.