

Registration District No. 178

Primary Registration District No. 4581

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Canton
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community 5 yrs.
years, months or days)

3. (a) PRINT FULL NAME

Clavin M. King

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race Black (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James King 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 19 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Abraham Selby

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

14. Maiden name Rebel Brewer

15. Birthplace Lewis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James King

(b) Address Canton Mo.

17. (a) Burial (b) Date thereof July 4 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montville Mo.

18. (a) Signature of funeral director W. H. Bakley

(b) Address Canton Mo.

19. (a) 7/3/47 (b) W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Canton
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1947 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept 21, 1946, to June 30, 1947.
that I last saw h. or alive on June 30, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial decompensation Duration _____

Due to Chronic myocardial degeneration - asthma - arteriosclerosis etc

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy U.S.D.
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 2

23. Signature Sam A. Buchanan (M. D. or other) DO
Address Canton Mo. Date signed 7/1/47

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

56
10

56
3

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number - 2-42-127
Date Filed JUL 11 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 Earl H. Buckley
Licensed Embalmer No. 2615
P. O. Address Canton 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.