

FILED JUL 25 1947

Registration District No. _____

Primary Registration District No. 5067

Registrar's No. 2y

1. PLACE OF DEATH: **Barton**
 (a) County **Barton**
 (b) City or town **Iantha**
 (If outside city or town limits, write "RURAL" and name of township)
 (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 **64 years** (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Barton**
 (c) City or town **Iantha**
 (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 _____

3. (a) PRINT **REBECCA ETHEL KING**
 FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **December 12 1882**
 (Month) (Day) (Year)

8. AGE: Years **64** Months **5** Days **24** If less than one day hr. _____ min. _____

9. Birthplace **Iantha, Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Merchant- Retired**

11. Industry or business **General Merchandise**

MOTHER FATHER

12. Name **John W. Wolf**

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

14. Maiden name **Richard Mariah Morrow**

15. Birthplace **Iowa**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. W. McDaniel**

(b) Address **Iantha, Missouri**

17. (a) **Burial** (b) Date thereof **June 8 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Iantha Cemetery**

KONANTZ FUNERAL HOME

18. (a) Signature of funeral director **Lamar, Missouri**

(b) Address _____

19. (a) **JUN 7 - 1947** (b) **Marie Konantz**
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**
 year **1947** hour **9** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **28 May 47** to **6 June 1947**
 that I last saw him **live on** _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, bronchial** Duration **3 da**
 Due to **Transition** **1 mo**

Due to **Brain lesion** **2 yrs**
type undetermined
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: **107**
 Of operations _____
Brain lesion
new growth
pathology not finished
 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)
 (c) Means injury _____

23. Signature **James A. Atkins** M. D. **June 47**
 Address **Lamar mo** Date signed _____

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

RECEIVED
District Health Officer No. 6,
District File Number 747-741
Date Filed JUN 21 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.....

Harvey E. Arnce

Registered Apprentice No. 412

working under my personal supervision.

Signed.....

Carl P. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.