

FILED AUG 21 1947

Registration District No. **07**

Primary Registration District No. **4180**

Registrar's No. **18**

1. PLACE OF DEATH:
 (a) County: **Bunklin**
 (b) City or town: **Campbell**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Home 1**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **67 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Missouri** (b) County: **Bunklin**
 (c) City or town: **Campbell**
(If outside city or town limits, write "RURAL")
 (d) Street No.: **no** (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country: **-**

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

4. Sex: **male** 5. Color or race: **white** 6. (a) Single, widowed, married, divorced, **widowed**
 6. (b) Name of husband or wife: **Martha Jones King** 6. (c) Age of husband or wife if alive: **11** years
 7. Birth date of deceased: **September 11 1868**
(Month) (Day) (Year)

8. AGE:
 Years: **78** Months: **10** Days: **18**
 If less than one day: **no** hr. min.

9. Birthplace: **Scott County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farming**

11. Industry or business:
12. Name: **Matthew King**
13. Birthplace: **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name: **Sarah Jane Pickett**
15. Birthplace: **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Jeff King**
(b) Address: **Campbell Mo.**

17. (a) Burial: **Woodlawn** **(b) Date thereof:** **7-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Woodlawn**

18. (a) Signature of funeral director: **Landess Funeral Home**
(b) Address: **Campbell Mo.**

19. (a) Date received: **Aug. 11 - 1947** **(b) Registrar's signature:** **Mrs. Deulah Campbell**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **July** day: **29**
 year: **1947** hour: **8:40 A.M.** minute: **-**

21. I hereby certify that I attended the deceased from: **July 14 1947** to **July 28 1947**
 that I last saw him alive on **July 28 1947** and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis and myo-cardial degeneration**

Due to: **-**
 Due to: **-**
 Other conditions: **-**
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: **-**
 Of operations: **-**
 Of autops: **-**

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: **Wallace Seely** (M. D. or other) **md.**
Address: **Campbell Mo.** **Date signed:** **8/21/47**

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

MOTHER FATHER

RECEIVED
District Health Office No. 2,
District File Number 847-1102
Date Filed 8-20-47

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, MD

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.