. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 178

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5630

State File No. 28206

Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon (Rural)
(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 (Specify whether years, months or days) 2 yrs
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. R# 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward King
3. (b) If veteran, name war
3. (c) Social Security No. 702-03-9583
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie King
6. (c) Age of husband or wife if alive 66 years
7. Date of death June (Month) 23 (Day) 1880 (Year)

8. AGE: Years 67 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Texas Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired R.R. Section foreman
11. Industry or business
FATHER
12. Name Silas King
13. Birthplace Texas Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Clarinda Bryant
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Effie King
(b) Address Lebanon Mo. RD# 5
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery Lebanon
18. (a) Signature of funeral director W.E. Holman
(b) Address Lebanon Mo.
19. (a) 9-6-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28th year 1947 hour 9 minute 35 P.M.
21. I hereby certify that I attended the deceased from July 15 1947, to Aug 28 1947, that I last saw him alive on Aug 14th 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Interstitial nephritis	certain
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Valvular heart disease	certain

C.E. Carlton

Major findings:
Of operations
Of autopsy 90%

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C.E. Carlton (M. D. or other)
Address Springfield Mo. Date signed 8-29-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 9/12/47

Laclede County Health Unit

File No. 8-47-147

Date Filed 9/13/47

APR 1 1952

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.