

FILED OCT 13 1947  
Registration District No. **135947**

Primary Registration District No. **4381**

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

1. PLACE OF DEATH:

(a) County **Nadaway**

(b) City or town **Hopkins**  
(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 \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **William J. King**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **male** 5. Color or race **w**

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

6. (b) Name of husband or wife **deceased** 6. (c) Age of husband or wife if alive  years

7. Birth date of deceased **Sept. 19 - 1862**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **0** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Greenburg Penn. /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Stock buyer**

11. Industry or business \_\_\_\_\_

12. Name **James D. King**

13. Birthplace **Greenburg Mo. 0**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ellen Earhart**

15. Birthplace **Greenburg Penn. /**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John N. King**  
(b) Address **Hopkins, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 6 - 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hopkins Cem.**

18. (a) Signature of funeral director **G. M. Atchison -**

(b) Address **Maryville, Mo.**

19. (a) **10-6-1947** (b) **Bess Holtz**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nadaway 74**

(c) City or town **Hopkins**  
(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 **Oct.** day **3**  
year **1947** hour **10** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Jan 1 47**  
**21**, 19 **Oct 5 - 1947**  
that I last saw him alive on **Oct 4**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic valvular disease of heart**

Due to: **Rheumatic fever**

Due to: \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **979**  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration **10 yrs?**  
**Unknown**

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?

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature **G. M. Atchison** (M. D. or other) **M.D.**  
Address **Hopkins** Date signed **10/6/47**

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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

*G. M. Atchison*

Licensed Embalmer No.

*2379*

P. O. Address

*Maryville 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.**