

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 9

FILED NOV 18 1947

Registration District No. 72Primary Registration District No. 5048

1. PLACE OF DEATH:

(a) County Barry County
 (b) City or town Rural, M^o. Donald Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME JOSEPH WESTON KING

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ira 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased July 29 1888
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 12 hr. min.

9. Birthplace Purdy Mo. (City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name John F. King13. Birthplace Indiana (City, town, or county) (State or foreign country)14. Maiden name Sarah A. Peace15. Birthplace Tenn. (City, town, or county) (State or foreign country)16. (a) Informant Burl King(b) Address Verona, Mo.17. (a) Burial (b) Date thereof Nov. 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Barton Cemetery18. (a) Signature of funeral director Rennett & Worthington(b) Address Monett, Mo. Funeral Home19. (a) 11-14-47 (b) Mrs Gene Hudson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
 (c) City or town Rural, M^o. Donald Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. M^o. Donald Township
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10th
year 1947 hour 7:00 am minute _____ M.

21. I hereby certify that I attended the deceased from 6-5-47 1947 to Nov 10 1947;
 that I last saw h_e alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Instant

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 of injury _____

23. Signature J. Baldwin (M. D. or other) _____Address Verona, Mo. Date signed 10-11-47

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 *Gordon Bennett*

Licensed Embalmer No. *4213*

P. O. Address *Monett, 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.

Registration District No. 12 Primary Registration District No. 6048

1. PLACE OF DEATH:

(a) County Barry County
 (b) McDonald Pgy 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)

In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Joseph W. King
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Ida
 6. (c) Age of husband or wife if alive 5-8 years
 7. Birth date of deceased July 29
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 2
(If less than one day, hr., min.)
 9. Birthplace Mo
(City, town, or county) (State or foreign country)

10. Usual occupation State
 11. Industry or business _____
 12. Name John F. King
 13. Birthplace Dresden
(City, town, or county) (State or foreign country)
 14. Maiden name Leah A. Pearce
 15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Burl King
 (b) Address Verona, Mo
 17. (a) 11/14/47 (b) Date thereof 11-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Carter Cemetery
 18. (a) Signature of funeral director Bernard J. Wagoner
 (b) Address Marion, Mo
 19. (a) 11/14/47 (b) Mrs. Gene Henderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry
 (c) City or town McDonald Pgy
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov
 year 1947 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary thrombosis

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

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____
 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 _____
 23. Signature J. Baldwin (M. D. or other) _____
 Address Purdy, Mo

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

SUPPLEMENTARY

MOTHER FATHER

S-36990