

No. 2
2-45
17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36998

State File No.

FILED DEC 8 1947

Registration District No. 75

Primary Registration District No. 5069

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural- Lamar Twp.
(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 3
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Washington 999
(c) City or town Springdale 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. RFD #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT

FULL NAME ELMER LEE KING
3. (b) If veteran, name war None
3. (c) Social Security No. 430-30-1824

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 10 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 6 10 hr. min.

9. Birthplace Springdale, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Truck driver

11. Industry or business Jones Truck Lines, Springdale,

12. Name Gillis King
13. Birthplace Springdale, Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Gertie Caroline Cooper
15. Birthplace Springdale, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Gillis King
(b) Address Springdale, Arkansas

17. (a) Removal (b) Date thereof Nov 21 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springdale, Arkansas

18. (a) Signature of funeral director Callison-Russell F. Home

(b) Address Springdale, Arkansas

19. (a) NOV 21 1947 (b) Marie Kossant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1947 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 Basal fracture of skull

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) accident 006

(b) Date of occurrence _____

(c) Where did injury occur? 2 1/2 miles N of Junction 160 & 71
(City, town, or county) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway 5HP collision

While at work? Yes (Specify type of place) (c) Means of injury Non
Signature R. E. Duckett (M. D. or other) M.D.
Address Lamar Mo. Date signed 11-21-47

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Corner Barton Co. Mo

37 0117

RECEIVED
District Health Officer No. 6,
District File Number 1247-1268
Date Filed DEC 3 1947

MAR 19 1948

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.....

Frank W. Denton....., Registered Apprentice No. 7
working under my personal supervision.

Signed Carl F. 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.