

THE STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

Registration District No. 59 Primary Registration District No. 52257

1. PLACE OF DEATH:
 (a) County Cass
 (b) City or town Garden City, (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 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cass
 (c) City or town Garden City (Rural)
(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 _____

3. (a) PRINT FULL NAME Elmer Monroe 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, Widower
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 28th. 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 NOV. 7
 20. DATE OF DEATH: Month _____ day _____
 year 1947 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from October 7, 1947 to Nov. 5, 1947
 that I last saw him alive on November 4, 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>10</u>	<u>7</u>	hr. _____ min. _____

Immediate cause of death apoplexy
 Due to arteriosclerosis
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration
2 days
4 yrs.

9. Birthplace Vernon Co., Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business _____
 12. Name John C. King Mi.
 13. Birthplace Mifflin Co. Pa.
(City, town, or county) (State or foreign country)
 14. Maiden name Anna E. Yoder
 15. Birthplace Wayne Co., Ohio.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant O. H. King
 (b) Address Garden City, Mo.
 17. (a) Burial (b) Date thereof 11 7 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Clearfork Cemetary
 18. (a) Signature of funeral director A. D. Hartley
 (b) Address East Lynne, Mo.
 19. (a) 11-13-1947 (b) Rama J. Jones
(Date received local registrar) (Registrar's signature)

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 2
 23. Signature W. C. Everett (M. D. or other) Dr.
 Address Harrisville, Mo. Date signed 11/9/47

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

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..... *A. D. Taylor*

Licensed Embalmer No. *2717*

P. O. Address..... *East Lynne 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.