No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 17 1947
Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. 40772
Registrar's No. 337

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. O. S. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

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

3. (a) PRINT FULL NAME Beverly Ann King
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex F
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 June (Month) 1 (Day) 1937 (Year)

8. AGE: Years 10 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation School Girl
11. Industry or business School
FATHER
12. Name Jacob A. King
13. Birthplace Adawt (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Bertha E. Bachman
15. Birthplace Stahl, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Jacob A. King
(b) Address Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cmt.
18. (a) Signature of funeral director D E Riley
(b) Address Kirksville, Missouri
19. (a) 12-13-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1947 hour 9:30 minute A: M.
21. I hereby certify that I attended the deceased from December 4, 1947, to December 4, 1947; that I last saw her alive on December 4, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Post-surgical shock	2 Mins.
due to	
Due to tonsillectomy	50 mins.
Due to tonsillitis	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Walter F. Purdon (~~M. D.~~ other) D.O.
Address Kirksville, Mo Date signed 12/17/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
File Number 12-47-1737
Date Filed DEC 15 1947

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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.