S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 7 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42043

State File No.

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 395

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11220 E. 24th St. (at home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 28 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Indep.
(If outside city or town limits, write "RURAL")
(d) Street No. 11220 E. 24th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William King
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Lola King
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased MAY (Month) 20 (Day) 1881 (Year)

8. AGE: Years 66 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Fort Smith ~~Georgia~~ (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Druggist
11. Industry or business King Drug Co.
FATHER
12. Name George King
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Mangley
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Wife (Lola King)
(b) Address 11220 E 24th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cem.
18. (a) Signature of funeral director Nellady & McGilly-Elfer
(b) Address 1800 E. Linwood
19. (a) 12-30-47 (Date received local registrar) (b) [signature] (Registrar's signature) 3511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 1947 hour 9:30 minute a M.
21. I hereby certify that I attended the deceased from 5-24 1944 to 12-27 1947
that I last saw him alive on 12/27 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hour
Due to Arteriosclerotic Heart Disease	?
Due to Diabetes Mellitus	10 yrs
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? Yes Means of injury
23. Signature [signature] (M. D. or other)
Address Gold Grand Kc Mo Date signed 12/27/47

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

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 Thomas J Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2999

P. O. Address KC

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.