S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

44475

State File No. .....

Registration District No. 200 — Primary Registration District No. 3041 — Registrar's No. 262

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon ~~Rural~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Samaritan Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon 61
(c) City or town Macon ~~Rural~~ 3
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson St. 2
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Gerald Lean King
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced single D
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov (Month) 30 (Day) 1947 (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	3 hr. ..... min.

9. Birthplace Samaritan Hospital D (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business .....
FATHER
12. Name Oliver J. King
13. Birthplace Macon Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lonetta M. Downey
15. Birthplace Atlanta Mo (City, town, or county) (State or foreign country)
16. (a) Informant Oliver J. King
(b) Address Macon, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Tabor Cem
18. (a) Signature of funeral director Stephens & Godding
(b) Address Macon, Mo
19. (a) 12/22/47 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1947 hour 3 minute 00 A.M.
21. I hereby certify that I attended the deceased from Nov. 30, 1947 to Nov 30, 1947; that I last saw her alive on Nov 30, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Placenta Previa	
Due to Premature Birth.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 57	

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 R. D. Maddox D.D. (M. D. or other)
Address Macon, Mo Date signed 12/6/47

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

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

RECEIVED
District Health Officer No. 10
District File Number 1-48-89
Date Filed JAN 14 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.