S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 159

Registration District No. 33 — Primary Registration District No. 4044 — Registrar's No. 1

1. PLACE OF DEATH:

(a) County Boone

(b) City or town STURGEON (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 ..... (Specify whether years, months or days) In this community All of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Sturgeon - Mo. (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME BURIE 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 MARRIED

6. (b) Name of husband ~~or wife~~ Lucy King

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb. 18 (Month) - 1862 (Day) (Year)

8. AGE: Years 85 | Months 10 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name George King
13. Birthplace ..... (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name Mary Margaret Roberts
15. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Opal King Powell

(b) Address Sturgeon - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3 (Month) - 1948 (Day) (Year)

(c) Place: burial or cremation Mt. Horeb

18. (a) Signature of funeral director Barnes & Boothe

(b) Address Sturgeon - Mo.

19. (a) Jan. 3, 1948 (Date received local registrar) (b) Thelma J. Esteppe 259 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1948 hour 4 minutes 30 P.M.

21. I hereby certify that I attended the deceased from 1936 - 1 ..... 19 ..... to 1948 Jan ..... 1948 that I last saw him alive on Jan 1 ..... 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pseudo Pneumonia	3 days
Due to Chronic Asthma	10 yrs
Mitral insufficiency	10 yrs
Due to Cancer Prostate	6 mos
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN

Underline the cause to 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 [illegible] (M. D. ~~or other~~)

Address Sturgeon Mo. Date signed 1-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 1-4
Date Filed 1-27-48

MAR 23 1955

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 E Boothe

Licensed Embalmer No. 4087

P. O. Address Sturgeon, 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.