

FILED FEB 5 1948

Registration District No. 347

Primary Registration District No. 152a

1. PLACE OF DEATH:

(a) County Stoddard Liberty
(b) City or town Dudley Mo.
(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
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Effie M. King

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank King 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 21, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 8 26 hr. min.

9. Birthplace Salem Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Farming

12. Name J. E. Patterson

13. Birthplace Salem Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Slater

15. Birthplace Salem Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. J. Ford

(b) Address Dudley Mo.

17. (a) Burial (b) Date thereof Jan. 18, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudley, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter Mo.

19. (a) 135-48 (b) Margaret Pruitt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103
(c) City or town Dudley
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to 16 Jan 48
that I last saw him alive on 16 Jan 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 hours
Duration

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations SBP
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J L Waddle (M.D. or other) MD
Address Dexter Mo Date signed 24 Jan 48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 248-178

Date Filed 2-2-58

[Faint handwritten notes, possibly "10/25/58" and "J. J. Steele"]

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 Jyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.