

Registration District No. 62

Primary Registration District No. 5240

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-----Washington
(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 Edward King

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

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

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

7. Birth date of deceased September 16 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 24 hr. min.

9. Birthplace Cedar Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

12. Name Manuel King

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

14. Maiden name Philine Lozier

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

16. (a) Informant Mrs Viola King

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 2 10 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Cemetery

18. (a) Signature of funeral director Chured. Neal
(b) Address Stockton, Mo.

19. (a) 2-14-48 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural-----Washington
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9
year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 2 to July 9 1948
and that death occurred on the date and hour stated above.
I last saw him alive on Feb. 2 1948

Immediate cause of death ventricular fibrillation 1 week
carcinoma of bladder 14
Due to.....

Due to.....
Other conditions (include pregnancy within 3 months of death).....

Major findings:
Of operations - 52B
Of autopsy.....

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 place)
(f) Means of injury.....
23. Signature Ed. Neal (M. D. or other)
Address Stockton, Mo. Date signed 2-14-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 1-48-82
Date Filed 2-18-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.