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 APR 5 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 7903

Registrar's No. 380

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Geib Nursing Home, 1120 Felix St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 year (Specify whether years, months or days)
In this community: 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1120 Felix St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: James Frederick King
3.-(b)-If veteran, name war: no
3.-(c)-Social Security No.: none

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Louise King
6. (c) Age of husband or wife if alive: ... years
7. Birth date of deceased: About 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
about 72			hr. min.

9. Birthplace: Unknown (City, town, or county) (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: Elliott King
13. Birthplace: Unknown (City, town, or county) unknown (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Roy L. King 1241 So. W. Grand Blvd. Oklahoma City Okla.
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cem.
18. (a) Signature of funeral director: Eugene Bush
(b) Address: 120 Illinois Ave. St. Joseph, Mo.
19. (a) 3-31-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 26 day ... year 1948 hour 8 minute 30 a M.

21. I hereby certify that I attended the deceased from November 9, 1940, to March 26, 1948, that I last saw him alive on March 24, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	2 days
Due to: Arteriosclerosis	10 yrs.
Due to:	
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? (e) Means of injury: 0

23. Signature: E. H. Werner (M. D. or other)
Address: Kirkpatrick Bldg. St. Joseph, Mo. Date signed: 3-29-48

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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 Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.