S. No. 2
I—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 19 1948
Registration District No. 133

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3022

State File No. 12304
Registrar's No. 25

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(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 20 years
years, months or days)

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

3. (a) PRINT FULL NAME Isaac Milton 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 Eva E. King
6. (c) Age of ~~husband~~ or wife if alive 76 years
7. Birth date of deceased 1 (Month) 31 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	2	2	..... hr. ..... min.

9. Birthplace Pella (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name Lorenzo D King
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Philabaum
15. Birthplace Do not Know (City, town, or county) (State or foreign country)
16. (a) Informant Eva E King
(b) Address Bethany Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director S. W. Haas
(b) Address Bethany Mo.
19. (a) April 8-48 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1948 hour 2:30 minute P M.
21. I hereby certify that I attended the deceased from 2-11- 1946 to 4-3 1948 that I last saw him alive on 4-3 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to	
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 2
23. Signature Ernest L Good (M. D. or other) DO
Address Bethany Date signed Mo.

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

AUG 17 1950

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 M B Haas

Licensed Embalmer No. 3899

P. O. Address Bethany 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.