

No. 300
10-47
17-39
3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **113655**

FILED APR 30 1948
Registration District No. **280**

Primary Registration District No. **5962**

Registrar's No. **4**

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

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Rural Bean Lake *marsh*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no **3**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 3 hours
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte **999**

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") **14**

(d) Street No. 1981 Garfield Avenue
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **2**
If yes, name country _____

3: (a) PRINT FULL NAME Donald J. King

3. (b) If veteran, name war World War No. 2

3. (c) Social Security No. 513-20-1649

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male **0**

5. Color or race White

6. (a) Single, widowed, married, divorced Single **C**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: May 27 1928
(Month) (Day) (Year)

8. AGE: Years 19 Months 10 Days 21
If less than one day _____ hr. _____ min.

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental Drowning **h** *h* **Duration**

Due to _____

Due to _____

9. Birthplace Kansas City Kansas **1**
(City, town, or county) (State or foreign country)

10. Usual occupation Employee

11. Industry or business McClellan Stores, K.C.K.

MOTHER FATHER { 12. Name Raymond W. King

{ 13. Birthplace Stanburg Mo. **0**
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mollie Hergler

{ 15. Birthplace Clyde Missouri **0**
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Raymond W. King

(b) Address 1981 Garfield Kansas City, Kansas

17. (a) Removal (b) Date thereof April 19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Cemetery, K.C.K.

18. (a) Signature of funeral director Jos. A. Butler's Sons

(b) Address 22 South 18th. St. K.C.K.

19. (a) 4-23-48 (b) Alpha Roelins
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external cause, fill in the following: **ED**

(a) Accident, suicide, or homicide (specify) _____ **83**

(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 Tom H. Hullett **3**
Address Platte City Mo (Date signed) 4-19-48

RECEIVED

MAY 27 1948

District Health Officer No. 8,

District File Number

Date Filed 4-29-48

JUL 27 1948

APR 30 1948

MAY 6 1948

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address. Weston, 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.

Registration District No. 280

Primary Registration District No. 5962

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Rural
(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

Ronald J. 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 5

6. (b) Name of husband or wife

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

7. Birth date of deceased

May 27
(Month) (Day) (Year)

8. AGE:

Years 19

Months 1

Days 1

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country) Kans

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 May Year 1948 hour minute M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death accidental drowning

Duration

Due to

Due to

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) accident

(b) Date of occurrence

(c) Where did injury occur? Bean Lake
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
while Boating on Bean Lake

(Specify type of place) (e) Means of injury

23. Signature Tom H. Harrell Coroner
(Date received local registrar) (Registrar's signature)

Address Platte City Mo Date signed

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

SUPPLEMENTARY

S-13655