

No. 2
-1/47
5-17-39

National Office of Vital Statistics
FILED JUN 8 1948

Registration District No. **7.33**

Primary Registration District No. **3022**

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

1. PLACE OF DEATH:

(a) County **7 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 **all of life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Harrison 41**

(c) City or town **Bethany**
(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 _____

3. (a) PRINT FULL NAME **Margaret E. King**

3. (b) If veteran, **L** name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1**
year **1948** hour **14** minute **0** P. M.

21. I hereby certify that I attended the deceased from **5-19** to **5-19** 19____ that I last saw him **alive on** _____ 19____ and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **James R. King** 6. (c) Age of husband or wife if alive **85** years

7. Birth date of deceased **Aug 5 1868**
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion**

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.

8. AGE: Years **79** Months **8** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **7 Harrison County Mo (1)**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Ira Bird**

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

14. Maiden name **Susan Canute**

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

16. (a) Informant **James R. King**

(b) Address **Bethany Mo**

17. (a) **Burial** (b) Date thereof **May 4 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakland Cemetery**

18. (a) Signature of funeral director **Joe E. Wheeler**

(b) Address **Bethany Mo**

19. (a) **May 17-48** (b) **Joe Burris**
(Date received local registrar) (Registrar's signature)

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 **3**

23. Signature **Joe E. Wheeler** (M.D. or other) **Coroner**

Address **Bethany Mo** Date signed **May 2 1948**

DISTRICT HEALTH OFFICE
Cameron, Mo.

NOV 2 1952

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 _____

Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Anthony 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.