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 JUL 13 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Lemmon Jr. 19174
State File No.

Registrar's No. 541

39
2
6

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1024 S. Florence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 40 Years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 1024 S. Florence
(If rural, give location)

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

3. (a) PRINT FULL NAME: Claud C. King

3. (b) If veteran, name war: No

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: Gussie R. King

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

7. Birth date of deceased: Aug. (Month) 3 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
42	10	29	hr. min.

9. Birthplace: Dallas County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Restaurant Operator

11. Industry or business:

FATHER
12. Name: Ben F. King
13. Birthplace: Dallas County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Laura Wingo
15. Birthplace: Dallas County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Gussie R. King
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 7-3-48 (Date received local registrar) (b) W.E. Handley, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1948 hour 1 minute 15 a. M.

21. I hereby certify that I attended the deceased from March, 1947, to 7-2, 1948; that I last saw him alive on 7-2, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage acute	30 mos.
Due to: ? Hemorrhagic tendency	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hepatic cirrhosis	

Major findings:
Of operations: 4 30
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:

23. Signature: Bruce Lemmon Jr. M.D. (or other)
Address: Spgfld Mo Date signed 7-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Walter E Hamel

Licensed Embalmer No. 3808

P. O. Address Springfield Me

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.