

S. No. 300
M-10-47
v. 5-17-39
I 3905

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 31 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26107
Registrar's No. 20

Registration District No. 44

Primary Registration District No. 5562

1. PLACE OF DEATH:
(a) County Iron
(b) City or town 1/2 mile west of Arcadia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron
(c) City or town 1/2 mile west of Arcadia
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruby Marie King
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 13
year 1948 hour 3 minute 00 P.M.

4. Sex Female race white 5. Color or 1
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 26, 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 12, 1948 to Aug 13, 1948
that I last saw her alive on Aug 13, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
1 1 17 hr. min.

Immediate cause of death Verus Pneumonia Duration 3 days
Due to Anemia
Due to _____

9. Birthplace Arcadia, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER {
12. Name James L. King
13. Birthplace Lexington, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Bell Criteser
15. Birthplace Silver Mines, Mo. (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant James L. King
(b) Address Arcadia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Silver Mines Mo

23. Signature R. W. Gale (M. D. or other) _____
Address Bismarck, Mo Date signed 8/13/48

18. (a) Signature of funeral director White Funeral Home
(b) Address Ironton, Mo.
19. (a) 8-20-48 (Date received local registrar) (b) Ans. Jones (Registrar's signature) 128

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

7
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RECEIVED

Project Health Officer No. Y
Project File Number 848-108
Date Filed 8-30-48

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 Russell J. White
Licensed Embalmer No. 3112
P. O. Address London 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.