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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27171

Registration District No. ..... Primary Registration District No. 4381 Registrar's No. 222

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Hopkins
(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 6 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Hopkins
(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 .....

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3. (a) PRINT FULL NAME IVAL EARL KING
3. (b) If veteran, name war .....
3. (c) Social Security No. 707-09-6215

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mabel King
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Jan. (Month) 27 (Day) 1897 (Year)

8. AGE: Years 51 Months 7 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Percival (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Section Foreman
11. Industry or business C.B.&Q. railroad
FATHER
12. Name Albert King
13. Birthplace Percival (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Mary Copeland
15. Birthplace Percival (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs Mabel King
(b) Address Hopkins, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (Month) 30 (Day) 1948 (Year)
(c) Place: burial or cremation Percival, Iowa
18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins, Mo
19. (a) 9-4-48 (Date received local registrar) (b) Bess Holt (Registrar's signature) 229

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1948 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from Mch 1st 1948, 19..., to Aug 28, 1948; that I last saw him alive on Aug 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	6 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94A	

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) .....
(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 C W Kirk (M. D. or other) M.D.
Address Hopkins Date signed 8/30/48

(Licensed Embalmer's Statement on Reverse Side)

SEP 11 1946

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed. Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address. Hopkins 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.