No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30167

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 139

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Neck City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RURAL — MINERAL TWP. Neck City, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Neck City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL; MINERAL TWP.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Henry King
3. (b) If veteran, name war
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 Della King
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May (Month) 1 (Day) 1880 (Year)

8. AGE: 60 Years | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Alba (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Hoisterman
11. Industry or business
FATHER
12. Name Price King
13. Birthplace (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Alice Peak
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Della King
(b) Address Neck City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Purcell Cem
18. (a) Signature of funeral director Johnston Arnce Simpson
(b) Address 26 S. Roane Webb City, Mo.
19. (a) SEPT. 14, 1948 (Date received local registrar) R. L. Pockleson (Registrar's signature) 137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1948 hour 10: minute 40 P.M.
21. I hereby certify that I attended the deceased from March 15, 1948 to Sept. 1, 1948;
that I last saw him alive on Sept. 1, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	5 days
Due to Chronic Myocarditis	2 yrs.
Due to	
Other conditions Pulmonary abcess (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
93 D

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 Glenn R. Oney (M. D. or other) D.O.
Address Alba, Mo. Date signed 9-14-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-9-777

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 Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.