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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33272
Registrar's No. _____

FILED OCT 25 1948
Registration District No. 786

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One day
(Specify whether _____)

In this community 8 years
years, months or days

3: (a) PRINT FULL NAME Jasper Preston King

3: (b) If veteran, name war No

3: (c) Social Security No. _____

4. Sex Male 5. Color or race W

6: (a) Single, widowed, married, divorced Married

6: (b) Name of husband or wife wife 6: (c) Age of husband or wife if alive _____ years

Delia King

7. Birth date of deceased 6 15 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

48 3 26 _____ hr. _____ min.

9. Birthplace Jasper, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Used car dealer

11. Industry or business _____

MOTHER FATHER { 12. Name Tom King

{ 13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

{ 14. Maiden name Gertrude Thompson

{ 15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16: (a) Informant Mrs. King

(b) Address 1817 Missouri-Joplin, Mo

17: (a) Removal (b) Date thereof 10-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Temple, Oklahoma

18: (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin-Joplin, Mo.

19: (a) 10-14-48 (b) Ed J. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1817 Missouri
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1948 hour 5:00 minute A.M.

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

Immediate cause of death Coronary heart disease Duration _____

Due to Cardiovascular Les. 15 yrs

Due to _____

Other conditions CNS Les unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy gpc

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

10-13-48 Date signed _____

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Yaphank, 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.