

Registration District No. 42

Primary Registration District No. 4052

Registrar's No. 1407

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
town of Agency, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Agency
(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 James Littleton King

3. (b) If veteran, name war No

3. (c) Social Security No. 495-01-8244

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dora Alice King

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 14 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>1</u>	<u>65</u>	<u>6</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Agency Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired President Ratcliff Mfg. Co.

11. Industry or business _____

12. Name Hamilton King

13. Birthplace Unknown No. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Davis

15. Birthplace Unknown No. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora A. King

(b) Address Agency, Mo.

17. (a) Burial (b) Date thereof: 12/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Agency, Mo.

18. (a) Signature of funeral director Heaton - Buchanan

(b) Address St. Joseph, Mo.

19. (a) 1-3-49 (b) G. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25th
year 1948 hour about 10:30 minute PM M.

21. I hereby certify that I attended the deceased from Dec 23 1948 to Dec 25 1948
that I last saw him alive on Dec 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2 hrs

Due to _____

Due to 940

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation

Of autopsy no autopsy

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) no

(b) Date of occurrence _____

(c) Where did injury occur? no injury
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature G. B. Jenkins (M. D. or other) MD
Address St. Joseph, Mo. Date signed Dec 27 48

KINK. 31.06.

JAN 3 1948

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 William Spaulding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Joplin, 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.