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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40213

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5047

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: KANSAS CITY TUBERCULOSIS HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution K.C.T.B. HOSP. (Specify whether
In this community 2 YRS. 6 MO. - 6 DA.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON 48

(c) City or town KANSAS CITY, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. 1217 MONT BALL
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME KING, JOSEPH V.

3. (b) If veteran, name war NO

3. (c) Social Security No. 494-14-0105

4. Sex MALE

5. Color or race WHT.

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

6. (b) Name of husband or wife EDNA KING

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

7. Birth date of deceased APRIL (Month) 5 (Day) 1918 (Year)

8. AGE: Years 30 Months 8 Days 5 If less than one day hr. min.

9. Birthplace SEDALIA, MO. (City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business

FATHER
12. Name W. B. King
13. Birthplace Sedalia (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name MARIE FITZ PATRICK
15. Birthplace OSAGE MISSION (City, town, or county) KANSAS (State or foreign country)

16. (a) Informant K.C. Tuberculosis Hosp.
(b) Address LEEDS, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City Mo

19. 12-11-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 10
year 1948 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from JUNE 4, 1946, to DEC. 10, 1948;
that I last saw him alive on DEC. 10, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Pulmonary Tuberculosis

Due to Bilateral & Cavitation

Due to 13 D

Other conditions Empyema-Rt.; Tuberculosis
(Include pregnancy within 3 months of death)
of Spine-Lumbar; Bilat. Psoas

Major findings: Abcesses
Of operations

Of autopsy Above

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 G. K. Landis G. K. Landis (M. D. or other)

Address K.C. Sbc. Hosp. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Alvin R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas 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.