

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7113**

BIRTH NO. _____		REG. DIST. NO. <b>336</b>		PRIMARY REG. DIST. NO. <b>4473</b>		Registrar's No. <b>7</b>	
1. PLACE OF DEATH a. COUNTY <b>Shannon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Shannon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Birch Tree</b>		c. LENGTH OF STAY (in this place) <b>33 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Birch Tree</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>Leeper</b>		c. (Last) <b>King</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 27 1949</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug 19-1861</b>	
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>8</b>		IF UNDER 4 HRS. Hours <b></b> Min. <b></b>		11. BIRTHPLACE (State or foreign country) <b>New Madrid Co. Mo.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>minister</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Preaching</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>David King</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Griffith</b>			14. NAME OF HUSBAND OR WIFE <b>Jesse Nora King</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Myrtle Painter Natl Springfield Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>age</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>Jan 22, 1949</b> , to <b>Jan 27, 1949</b> , that I last saw the deceased alive on <b>Jan 26, 1949</b> , and that death occurred at <b>4-25a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>H. S. Davis</b> (Degree or title) _____				23b. ADDRESS <b>mtn Birch Tree Mo</b>		23c. DATE SIGNED <b>2/9-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-30-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Forest Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Birch Tree, Mo</b>	
DATE REC'D BY LOCAL REG. <b>2/17/49</b>		REGISTRAR'S SIGNATURE <b>H. S. Davis</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Duncan funeral Home, mtn View, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-15-49  
District Health Officer No. 5,  
District File Number 248148  
Date Filed 2-19-49

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed

*Joe R. Duncan*  
4325

Licensed Embalmer No.

P. O. Address

*Michigan*

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.