

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22621**
 BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **864**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 40 years		d. STREET ADDRESS (If rural, give location) 1528 Henry Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1528 Henry Street		e. STREET ADDRESS (If rural, give location) 1528 Henry Street	
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Belle	
c. (Last) King		4. DATE OF DEATH (Month) (Day) (Year) August 6 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 10, 1882
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Canon City, Colorado
12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ? Cookson	
13b. MOTHER'S MAIDEN NAME ? Walters		14. NAME OF HUSBAND OR WIFE Charles J. King	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Charles J. King		ADDRESS St. Joseph, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) anemia arteria obstru 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"/>		21. INTERVAL BETWEEN ONSET AND DEATH 331X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) St Joseph	(COUNTY) Buchanan (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from July 25, 1949 , to Aug 6, 1949 , that I last saw the deceased alive on Aug 6, 1949 , and that death occurred at 7:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Colles Parinody MD		23b. ADDRESS St Joseph, Mo. 2307 Keriga Hill	23c. DATE SIGNED Aug 6 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 8, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
DATE REC'D BY LOCAL REG. Aug 9, 1949	REGISTRAR'S SIGNATURE E. C. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE 382 Walter Steierhoff	ADDRESS 1946 Colhoun St. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHILE PRINTING—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *****

***** Student Embalmer No. *****

working under my personal supervision.

***** ** *****
Student
Student Embalmer

Signed *Albert C. Farrington*
Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri

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.