

FILED JUL 30 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2892

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>7002</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 26 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		34 3			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2305 Lister Avenue				d. STREET ADDRESS (If rural, give location) 2305 Lister Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) Milburn		b. (Middle) Engel		c. (Last) KING		4. DATE OF DEATH (Month) (Day) (Year) July 3, 1949			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 18, 1869			
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith			10b. KIND OF BUSINESS OR INDUSTRY Nickel Plating Wks.		11. BIRTHPLACE (State or foreign country) Roanoke, Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Monroe King			13b. MOTHER'S MAIDEN NAME Mildred Kennedy			14. NAME OF HUSBAND OR WIFE Daisy P. King			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-03-0308		17. INFORMANT'S SIGNATURE OR NAME Mrs. Daisy P. King				ADDRESS 2305 Lister, K. C., 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia						INTERVAL BETWEEN ONSET AND DEATH 2 months 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200						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)					
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"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from June 20, 1949 , to July 3, 1949 , that I last saw the deceased alive on July 2, 1949 , and that death occurred at 6 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE Jack W. Wolf				23b. ADDRESS 206 Maple Bldg. Kansas City, Mo.		23c. DATE SIGNED July 4, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-5-49		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county). (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 7-5-49		REGISTRAR'S SIGNATURE Sheraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS Kansas City, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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 Max W. Kirkendoll

Licensed Embalmer No. 4632

P. O. Address F.C., 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.