

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26937

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3523

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)	c. LENGTH OF STAY (In this place) 62 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7936 South Benton		d. STREET ADDRESS (If rural, give location) 7936 South Benton	

3. NAME OF DECEASED (Type or Print) a. (First) Ike b. (Middle) c. (Last) King	4. DATE OF DEATH (Month) (Day) (Year) Aug. 13 1949					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/6/ 1865	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY cement contractor	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY U.S.			

13a. FATHER'S NAME Louis King	13b. MOTHER'S MAIDEN NAME Margaret Ward	14. NAME OF HUSBAND OR WIFE Mrs. Clennie 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. None	17. INFORMANT'S SIGNATURE OR NAME Clennie King ADDRESS 7936 S. Benton 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		INTERVAL BETWEEN ONSET AND DEATH four months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma left jaw & face	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age	
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)
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 Aug 8, 1949, to Aug 13, 1949, that I last saw the deceased alive on Aug 13, 1949, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Geo. H. Jones (Degree or title) M.D.	23b. ADDRESS 804 E. 13th Kansas City Mo.	23c. DATE SIGNED 7/13/49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/15/49	24c. NAME OF CEMETERY OR CREMATORY Forest Hill
DATE REC'D BY LOCAL REG. 8-15-49 REGISTRAR'S SIGNATURE Maldine Holmes		24d. LOCATION (City, town, or county) (State) K.C. Mo.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl & Sons Funeral H. K.C., MO.
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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:

James W. Carp

Licensed Embalmer No. 4692

P. O. Address K.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.