

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30374**
4215

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

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|--|--|---|--|
| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (In this place) 55 YEARS | | d. STREET ADDRESS (If rural, give location) 3740 Walnut | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 | | 4. DATE OF DEATH (Month) (Day) (Year) 9 29 1949 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) BUTLER c. (Last) King | | 5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | |
| 8. DATE OF BIRTH MAR-22-1864 9. AGE (In years last birthday) 85 YEARS | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | |
| 10b. KIND OF BUSINESS OR INDUSTRY ----- | | 11. BIRTHPLACE (State or foreign country) TOPEKA, KANSAS | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME UNKNOWN KING 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND, OR WIFE Mrs. MARTHA 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 MR. CHARLES E. KING ADDRESS 3126 KENNINGTON AVE KANSAS CITY, 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) Bronchopneumonia 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. Fracture right hip | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION: 491X | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Mo. | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) - (Hour) 8 2 49 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR Fall | | | |
| 22. I hereby certify that I attended the deceased from Aug. 2 , 19 49 , to Sept. 29 , 19 49 , that I last saw the deceased alive on Sept. 29 , 19 49 , and that death occurred at 2:15 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Wm. W. Hart (Degree or title) | | 23b. ADDRESS Med. Dir. Gen'l. Hosp. | |
| 23c. DATE SIGNED 9-29-49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE OCT-1-1949 | |
| 24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY | | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | |
| DATE REC'D BY LOCAL REG. 10-1-49 | | REGISTRAR'S SIGNATURE Seraldine Holmes | |
| 25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. | | | |

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 *Jess T. Deuss*

Licensed Embalmer No. *44523*

P. O. Address *St. Louis City*

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.