S. No. 300
v. 10.48

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FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4591

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3 a 2 L Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 104 West 4th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Davenport
d. STREET ADDRESS (If rural, give location): 521 1/2 West 3rd St.

3. NAME OF DECEASED (Type or Print): a. (First) Marion b. (Middle) A. c. (Last) King
4. DATE OF DEATH (Month) (Day) (Year): January 10, 1950
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 9, 1873
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR: Months 6 Days 8 | IF UNDER 24 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: None
11. BIRTHPLACE (State or foreign country): Drummond, Ia.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Geo Wright
13b. MOTHER'S MAIDEN NAME: Jennie Green
14. NAME OF HUSBAND OR WIFE: Martin King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: x Ruby Jane Smith ADDRESS:

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 or 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

~~DUE TO~~ (b) Arteriosclerosis

~~DUE TO~~ (c) Influenza — 4 Days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 48 1X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 9, 1950, *to* Jan 10, 1950, *that I last saw the deceased alive on* Jan 9, 1950, *and that death occurred at* 10:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. A. Duffy (Degree or title) M.D.
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: Jan 11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan 13, 1950
24c. NAME OF CEMETERY OR CREMATORY: Mt Lebanon Cemetery
24d. LOCATION (City, town, or county) (State): Muscatine County Iowa

DATE REC'D BY LOCAL REG.: Jan 11 50
REGISTRAR'S SIGNATURE: Irene Faer
25. FUNERAL DIRECTOR'S SIGNATURE: Raymond A. Blum ADDRESS: Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 8 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Myself, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Eugene A. Davis
Licensed Embalmer No. 3424
P. O. Address Trenton 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.