

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20302**  
Registrar's No. **2691**

FILED JUL 1 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>37 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1226 Brooklyn</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1226 Brooklyn</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>IDA</b>	b. (Middle) <b>MAE</b>	c. (Last) <b>KING</b>	<b>June 14, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Jan. 25, 1882</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (State or foreign country) <b>Osage County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>Harry Sexton</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine ?</b>	14. NAME OF HUSBAND OR WIFE <b>Horace - King</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Georgia King</b> ADDRESS <b>K. C. Mo.</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HYPOSTATIC PNEUMONIA</b>		<b>2 DAYS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Thrombosis</b> DUE TO (c) <b>VASCULAR HYPERTENSION</b>		<b>9 DAYS</b> <b>UNKNOWN</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>NEPHRITIS</b>			<b>UNKNOWN</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 **5/8**, 19**48**, to **6/13**, 19**50**, that I last saw the deceased alive on **6/13**, 19**50**, and that death occurred at **2: P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. B. Coffey</b> (Degree or title)	23b. ADDRESS <b>1224 E 12th MO MO</b>	23c. DATE SIGNED <b>6/14/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 17, 50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kans.</b>	DATE REC'D BY LOCAL REG. <b>6-17-50</b> REGISTRAR'S SIGNATURE <b>Lealdine Holmes</b>	
5. FUNERAL DIRECTOR'S SIGNATURE <b>Nathan Whitfield</b> ADDRESS <b>K.C.K.</b>		

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.....

*Nathan Hatcher*

Licensed Embalmer No. *2700*

P. O. Address. *C.O.K.*

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.