

FILED JAN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42332
5534

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	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) 40 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION 5430 MONTGALL		d. STREET ADDRESS (If rural, give location) 5430 MONTGALL L3 170		
3. NAME OF DECEASED a. (First) MARY (Type or Print)		b. (Middle) ELIZABETH		c. (Last) KING
4. DATE OF DEATH DECEMBER 14, 1952		5. SEX 3 FEMALE		
6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 17, 1899
9. AGE (In years last birthday) 53		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (City and State or Foreign Country) PABLA, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME JOHN DAVENPORT		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ALONZO KING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ALONZO KING ADDRESS 5430 Montgall.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Myocardial Insufficiency</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <i>Due to (b)</i> <i>Diabetes & decrease of</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 4210
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition leading to death <i>Subacute Myocarditis and Edema</i>		19a. DATE OF OPERATION		
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE Thos. A. Jones (Degree or title)		23b. ADDRESS 1612 E 12th		23c. DATE SIGNED 12/16/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 17, 1952		24c. NAME OF CEMETERY OR CREMATORY HIGHLAND CEMETERY KANSAS CITY, MO.
24d. LOCATION (City, town, or county) KANSAS CITY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Fannie G. Meel ADDRESS Kansas City, MO.		
DATE REC'D BY LOCAL REG. 12-17-52		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Fannie G. Meel ADDRESS Kansas City, MO.

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

(Licensed Embalmer's Statement on Reverse Side)

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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City, 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.