

No. 1-2-43  
5-17-39  
I X35697

FILED APR 12 1944  
Registration District No. **737**

Primary Registration District No. **4218**

1. PLACE OF DEATH:

(a) County **Henry**  
(b) City or town **Windsor**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**408 East Benton**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **27 years**  
years, months or days

3. (a) PRINT FULL NAME **James William King**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Agatha Taylor King** 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **January 2 1865**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **1** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Oxford Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk retired**

11. Industry or business \_\_\_\_\_

12. Name **William S. King**

13. Birthplace **Oxford Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Booth**

15. Birthplace **Berkshaw England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ernest Davis**

(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **2-13-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner**

(b) Address **Windsor, Missouri**

19. (a) **March 4 1944** (b) **Georgia Kitchen**  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**  
(c) City or town **Windsor**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **408 East Benton**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **10**  
year **1944** hour **about 11:00** minute \_\_\_\_\_ p. m.

21. I hereby certify that I attended the deceased from **Jan 1939** to **Feb-60 1944**  
that I last saw him alive on **Feb-8-44** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **arterial stenosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Wm. W. ...** (M. D. or other) **M.D.**

Address **Windsor** Date signed **3-21-44**

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7.

District File Number

Date Filed

3-44-478

4-11-44

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Edw. M. Heston*

Licensed Embalmer No. 3391

P. O. Address *Windsor, 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.**