

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED NOV 28 1945 STANDARD CERTIFICATE OF DEATH

37075

State File No.

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 30

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Kennett, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 49 yr (Specify whether years, months or days)
In this community 49 yr

3. (a) PRINT FULL NAME

Zelpha Jane King

3. (b) If veteran, name war. 3. (c) Social Security No. 21

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife James A. King (Dec) 6. (c) Age of husband or wife if alive, years 1884
7. (Birth date of deceased 37 - 27 - 1884
(Month) (Day) (Year)

8. AGE: Years 81 Months Days If less than one day hr. min.

9. Birthplace Arden, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name James Irvin

13. Birthplace Arden, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Supina Bolden

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ed. King

(b) Address Reister Park, R# 3

17. (a) Burial (b) Date thereof 10-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cem

18. (a) Signature of funeral director W. H. Irby

(b) Address Reister Park

19. (a) 10-26-45 (b) Earl Husband
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb
(c) City or town Kennett, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 413 W 5th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 1945
year 11 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 10-24-45
19 , to 10-24-45, 19 ;
that I last saw her alive on 10-24-45, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 130

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 0

23. Signature H. D. Tempney (M. D. or other) 2nd

Address Kennett, Mo. Date signed 10-26-45

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

RECEIVED

District Health Office No. 2,

District File Number

1145-3224

Date Filed

11-8-43

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

John R. Casner

Licensed Embalmer No.

2912

P. O. Address

Reister, Ark

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.