

Filed MAY 19 1948

Registration District No. 37

Primary Registration District No. 3013

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 802 E. Green St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 5 da.
(Specify whether In this community years, months or days) 364

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42

(c) City or town Clinton "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. 10th West 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Mary Florence King

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fe 5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased: 6 - 12 - 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>11</u>	<u>3</u>	hr. min.

9. Birthplace: SHERMAN TEXAS
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife / Nurse

11. Industry or business

MOTHER FATHER { 12. Name Grandville G. King

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

14. Maiden name Margaret Hood

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

16. (a) Informant Mrs. J. H. Tompkins

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 5-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Chas. Williams

(b) Address Clinton Mo.

19. (a) 5-18-1948 (b) R.R. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15 year 1948 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 10, 1948, to May 15, 1948;
that I last saw her alive on May 15, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia 1 mo.

Due to Chronic myocarditis 2 yrs.

Due to Senility unknown

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

PHYSICIAN —
Underline the cause of which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature S.B. Hughes (M. D. or other) M.D.

Address Clinton Mo. Date signed 5/15/48

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

RECEIVED
District Health Officer No. 7,
District File Number 4-48-529
Date Filed 5-17-48

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 _____

W. R. Readinger

working under my personal supervision.

Registered Apprentice No. 517

Signed _____

Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.