

No. 300
1-10-47
5-17-39
I 3906

FILED JUN 8 1948
Registration District No. 937

Primary Registration District No. 2023

Registrar's No. 114

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

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 Clinton General Hosp't
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether
In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME SARAH DALE KING
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex FEM 5. Color or race WHITE
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife James S
6. (c) Age of husband or wife if alive _____ years
Birth date of deceased MAY 16 1885
(Month) (Day) (Year)

8. AGE: Years 83 Months X Days 16
If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSE WORK

11. Industry or business _____

MOTHER FATHER

12. Name Branden King
13. Birthplace Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Russell King
(b) Address Wich mo

17. (a) Burial (b) Date thereof 6-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consolidated
(b) Address Clinton mo

19. (a) 6-3-48 (b) R.R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
(d) Street No. 701 South 2nd 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 June day 2
year 1948 hour 7:30 minute 30 M.
21. I hereby certify that I attended the deceased from May 12, 1948 to June 1, 1948
that I last saw her alive on June 1, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Hepatitis Pneumonia 2da
Chronic Myocarditis 5da

Due to Chronic hepatitis 1 year

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: B
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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 M.D.
Address Clinton Mo Date signed 6/3/48

RECEIVED

District Health Officer No. 7,

District File Number 5-48-614

Date Filed 6-7-48

JUN 10 1948

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.....

J. E. Conroy

Licensed Embalmer No. 1891

P. O. Address Clinton, N.Y.

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.