

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

36269

FILED DEC 7 1948

State File No.

Registration District No. 7

Primary Registration District No. 3023

Registrar's No. 244

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: St. Elizabeth St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 38 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES WILLINGTON 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, widowed
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased. 6 17 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 13 hr. min.

9. Birthplace Spencer Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Railroader

11. Industry or business _____

12. Name Granville C. King

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

14. Maiden name MARGRET C

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

16. (a) Informant Ola B. Faulkner

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof. 12-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Englewood

18. (a) Signature of funeral director. Fred Wilkerson

(b) Address Clinton Mo

19. (a) 12-2-48 (b) R. B. Remmey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 821 E. Lincoln
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30
year 1948 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from Oct. 28, 1948, to Nov. 30, 1948;
that I last saw him alive on November 15, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate Duration 5 yrs.

Due to _____

Due to _____

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

Major findings: Of operations none

Of autopsy none

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) to

(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) Means of injury _____

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

Address Clinton Mo Date signed 12/2/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 11-48-1413

Date Filed 12-6-48

MAY 19 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

Fred Wetters

Licensed Embalmer No. 2478

P. O. Address Cumby, W. Va.

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.