

FILED FEB 17 1947
Registration District No. 749

Primary Registration District No. 1002

497

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-MONTH 11 DAYS
In this community 71 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 801 E. ARMOUR BLVD.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN KING

3. (b) If veteran, name war NO
3. (c) Social Security No. 490-24-3259

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife MRS. LILLIAN KING
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased NOVEMBER 13 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOTEL OWNER

11. Industry or business DIXON HOTEL

12. Name JOHN KING

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

14. Maiden name CAROLINE LORSCH

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

16. (a) Informant Mrs. Lillian King
(b) Address 801 E. Armour, Kansas City Mo

17. (a) BURIAL (b) Date thereof FEB 3 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH TEMPLE

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 2-3-47 (b) Blialdine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 31
year 1947 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Dec. 20, 1946 to Jan. 31, 1947;
that I last saw him alive on Jan 31, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death: Mesenteric embolus
Cerebral embolus
Duration 4 day
1 wk!

Due to mural thrombus, left ventricle

Due to coronary occlusion

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy as above

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?

While at work? _____ (Specify type of place)
(e) Means of injury G

23. Signature Harry Ballard (M. D. or other)
Address 1406 Bryant Bldg. Date signed 2/1/47