

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1388
Do not use this space.

1. PLACE OF DEATH
 (a) County JACKSON Registration District No. 399
 (b) Township PAW Primary Registration District No. 1002
 (c) City KANSAS CITY (d) Street No. W. PA. WORKS - 48TH + COLLEGE Registered No. 401
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ARTHUR HOWARD KEY
 (a) Residence, No. 1733 - BENNINGTON St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. FLORA KEY

6. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY - 31 - 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 5 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W. P. A.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) JANUARY, 1939 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) PHILADELPHIA (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME CHARLES M. KEY
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME MINNIE KELLEY
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. FLORA KEY (ADDRESS) 1733 BENNINGTON

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE Jan 31 1939

19. FUNERAL DIRECTOR (NAME) DW. NEWCOMERSON (ADDRESS) 1401 - BRUSH CREEK BLVD
Jan 30, 1939 M. M. Crowl
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29-39 1939

22. I HEREBY CERTIFY, That I attended deceased from 12:40 to 6:00 1939
 I last saw him/her on Jan 29 1939 Death is said to have occurred on the date stated above, at 12:40 - 6:00 P. M.
 The principal cause of death and related causes of importance were as follows:
Coronary sclerosis
Old coronary occlusion
Chronic myocardial infarction
 Other contributory causes of importance:
Acute pulmonary edema
Terminal bronchopneumonia

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify..... (Signed) Dr. W. H. Butler M. D.
 (Address) Gen Hosp 1 K. P. Mo

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.....

Lawrence Carr

Licensed Embalmer No. *4031*

P. O. Address.....

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, above space should be left blank.