

Registration District No. 953

Primary Registration District No. 6793-13

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Morgan  
(b) City or town Rural - Morgan-Hendrick  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community lifetime  
years, months or days

8. (a) PRINT

FULL NAME Lida A. Mother Kays 2-67

8. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Hugh Kays 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased April 2 - 1896  
(Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Morgan County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at Home

MOTHER FATHER { 12. Name Thos BOYNE  
13. Birthplace Morgan County MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Cuby Merritt  
15. Birthplace Morgan County MO  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lida Kays  
(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof March 1-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cemetery

18. (a) Signature of funeral director W. F. Tidwell

(b) Address Versailles, Mo.

19. (a) March 1-1940 (b) Julius A. Cooper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan  
(c) City or town Rural - Morgan  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26  
year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1st 1940  
\_\_\_\_\_, 19\_\_\_\_, to Feb 26, 1940  
that I last saw her alive on Feb 25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis  
Duration Several years

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 72  
(Include pregnancy within 5 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? 5  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature W. G. Gunn (M. D. or other)!  
Address Versailles Mo Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

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

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.

RECEIVED  
District Health Officer No. 7,  
District File Number 3-40-419  
Date Filed 3-3-40

**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.....  
Gene Pastrom....., Registered Apprentice No.....  
working under my personal supervision.

Signed Gene Pastrom  
Licensed Embalmer No. 4024  
P. O. Address Versailles, 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, above space should be left blank.**