

Registration District No. 207

Primary Registration District No. 4125-

Registrar's No. 28-10

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Plattsburg

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Plattsburg  
(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.

3. (a) PRINT FULL NAME Lordane Burnham Kay

8. (b) If veteran, name war \_\_\_\_\_ 8. (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 Franklyn Kay 6. (c) Age of husband or wife if alive #32 years

7. Birth date of deceased Jan. 1907  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1940 hour 7:45 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 27 1940, 19\_\_\_\_, to April 1st, 1940; that I last saw her alive on April 1st, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

Years	Months	Days	If less than one day
<u>33</u>	<u>3</u>	<u>0</u>	hr. min.

Immediate cause of death Pulmonary Tuberculosis

Due to 5 years duration

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation House-wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Allen Todd

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

14. Maiden name Amy Rider

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

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 \_\_\_\_\_

16. (a) Informant's own signature Franklin Kay

(b) Address Plattsburg Mo

17. (a) Burial (b) Date thereof 4 3 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Plattsburg

18. (a) Signature of funeral director O'Brien Lyon

(b) Address Plattsburg Mo

19. (a) Apr 3-1940 (b) Amie Chastan  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature S. D. Reynolds (M. D. or other)

Address Plattsburg Mo Date signed 4-3-1940

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

RECEIVED  
District Health Officer No. 11,  
District File Number... 540-790  
Date Filed... MAY 17 1940

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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 Danell R. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattburg, 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.