

REC'D OCT 23 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31772

Registration District No. 210

Primary Registration District No. 8290

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Perlin
(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 2
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Perlin
(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.

8. (a) PRINT FULL NAME John Kay

3. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1940 hour 2 minute 15 AM.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joella Kay

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: July 25 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1st, 1940, to March 15, 1940
that I last saw him alive on March 15, 1940
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>70</u> | <u>8</u> | <u>21</u> | hr. _____ min. _____ |

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

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

10. Usual occupation Physician

Other conditions Myocarditis
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER

12. Name William Kay

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

14. Maiden name Emily Samuels

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Franklin Kay

(b) Address Plattburg Mo.

17. (a) Burial (b) Date thereof March 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fun Home Plattburg Mo.

18. (a) Signature of funeral director J. P. Ryan

(b) Address Plattburg Mo.

19. (a) 10-10-1940 (b) Mrs. John Kay
(Date received local registrar) (Registrar's signature)

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?
at home

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

23. Signature S. D. Reynolds (M. D. or other) _____
Address Plattburg Mo. Date signed _____

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

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 D. Lyon

Licensed Embalmer No. 5640

P. O. Address Flatboing 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.