

Registration District No. 14

Primary Registration District No. 1421

Registrar's No. 32

## 1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(c) Name of hospital or institution West Colt  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 years  
(Specify whether years, months or days) ✓

3. (a) PRINT FULL NAME Jesse L. Kays3. (b) If veteran, name war World War 3. (c) Social Security No. 497 125 4654. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Orpha Carver Kays 6. (c) Age of husband or wife if alive 48 years7. Birth date of deceased October 27, 1890  
(Month) (Day) (Year)8. AGE: Years 50 Months 1 Days 3 If less than one day hr. min.9. Birthplace Warsaw Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Shoe repairing11. Industry or business ✓12. Name Charles P. Kays13. Birthplace Warsaw Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Carrie Townes15. Birthplace Warsaw Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. J. L. Kays(b) Address Windsor, Missouri17. (a) Burial (b) Date thereof 12-2-40  
(Burial, cremation, or removal)(c) Place: burial or cremation Turkey Creek Cemetery18. (a) Signature of funeral director Huston-Turner(b) Address Windsor, Missouri19. (a) (b) 3/17

(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(If outside city or town limits, write "RURAL")  
(d) Street No. Colt St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30  
year 1940 hour 2:30 a m minute 5 M.21. I hereby certify that I attended the deceased from Nov. 24  
to Nov. 30 1940  
that I last saw him alive on Nov. 30  
and that death occurred on the date and hour stated above.Immediate cause of death Inflicting injuries to chest by automobile collision  
Due to CollisionDue to ✓  
Other conditions Injury to head  
(Include pregnancy within 3 months of death)Major findings: Of operations ✓  
Of autopsy ✓22. If death was due to external causes, fill in the following: accident(a) Accident, suicide, or homicide (specify) accident(b) Date of occurrence Nov 23(c) Where did injury occur? Near Lee's Summit, Mo.  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓Highway 50. near Lee's Summit, Mo.  
(Specify type of place) (e) Means of injury AutomobileWhile at work? ✓23. Signature TP [Signature] (M. D. or other)Address Windsor, Mo. Date signed 12/1/40

210 m  
98

RECEIVED

District Health Officer No. 7,

District File Number 12-40-179

Date Filed 12-13-40

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.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed.....

*E. M. Hinton*

Licensed Embalmer No. 3391

P. O. Address.....

*Windsor, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. **38811**

Registration District No. **14**

Primary Registration District No. **4211**

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

1. PLACE OF DEATH:

(a) County **Lenny**  
(b) City or town **Windsor**  
(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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT  
FULL NAME **Jesse L. Kays**

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

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years  
7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years **50** Months **1** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(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 **11** day **30**  
year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Internal Injuries to Chest**  
Due to **Automobile Collision with another Automobile**  
**on highway 30**  
**near junction of 30 and 11**

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

Major findings:  
Of operations \_\_\_\_\_

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

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) **accident**  
(b) Date of occurrence **Nov 30 - 1940**  
(c) Where did injury occur? **near Lees Summit**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, or public place?  
**Agw # 50 State maintained**  
(Specify type of place) **auto**  
While at work? \_\_\_\_\_ (e) Means of injury **accident**  
23. Signature **R. J. Jennings** (M. D. or other)  
Address **Windsor** Date signed \_\_\_\_\_

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

SUPPLEMENTAL

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38811

Registration District No. 14

Primary Registration District No. 4211

Registrar's No. 321

1. PLACE OF DEATH:

- (a) County Henry  
(b) City or town Windsor  
(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 years, months or days)

3. (a) PRINT FULL NAME

Jesse L. Kays

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive.

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

8. AGE: Years Months Days If less than one day  
50 1 3 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

- (b) Address

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

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

- (c) City or town (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 Nov day 30  
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

- that I last saw him alive on and that death occurred on the date and hour stated above.

- Immediate cause of death

- Due to

- Due to

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

- Major findings: Of operations

- Of autopsy

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

23. Signature (M. D. or other)

- Address Date signed

SUPPLEMENTARY

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

HOWLING MOON