

Registration District No. 586

Primary Registration District No. 5784

Registrar's No. 2

1. PLACE OF DEATH:  
(a) County Monroe Mo  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: South Park / Rural Hosp  
(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)

8. (a) PRINT FULL NAME: MARY ETTA KEY  
8. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. 760

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Clare Key  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 6 1904  
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days —  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business  
12. Name Benjamin Green  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Jones  
15. Birthplace Monroe Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ollie Noble (Daughter)  
(b) Address Malina R.R.

17. (a) Burial (b) Date thereof May 5 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Indian Creek

18. (a) Signature of funeral director Snyder & Hanger  
(b) Address Santa Fe Mo

19. (a) Mary (b) E. J. Drake  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Monroe Mo  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Monroe Co. near S. 1st  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 6  
year 1941 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from Sept. 15, 1939, to May 4, 1941;  
that I last saw her alive on May 14, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with cardiac decompensation and anasarca

Due to Diabetes mellitus  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy None

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? bl  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature F. A. Barnett (M. D. or other) MD  
Address Javis, Mo Date signed May 7, 1941

Duration  
2 yrs  
about 2 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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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.....

Licensed Embalmer No.....

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.**