

10
2
4

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

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 141

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: A White Convalescent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 da. (Specify whether years, months or days)

In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 900 Conley 4
(If rural, give location)

(e) Citizen of foreign country? X/0 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Halla Thorpe Key

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

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

6. (b) Name of husband or wife William H. Key 6? (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Mar. 22 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Martin Saunders

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

14. Maiden name Sarah J. Thorpe

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

16. (a) Informant Mrs. H. M. Belden

(b) Address Columbia, Mo

17. (a) Burial (b) Date thereof May 18, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cem.

18. (a) Signature of funeral director Tony M. Hargis

(b) Address Farber's - Columbia, Mo.

19. (a) 5/26/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1941 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 30 to May 16 1941 and that I last saw him alive on May 16 1941 and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration _____

Due to Chronic interstitial nephritis ?

Due to General arteriosclerosis

Other conditions large left inguinal hernia

Major findings: Of operations _____

Of autopsy 12/0

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? 74

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

23. Signature [Signature] Dr. D. _____

Address Columbia Date signed 5/26

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, by
....., Registered Apprentice No.
working under my personal supervision.

Signed Tom McHenry
Licensed Embalmer No. 4067
P. O. Address Columbia, 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.