

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23999
Registrar's No. 2537

Registration District No. 299

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3406 Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3406 Indiana (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Diana H. Keys

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George W. Keys 6. (c) Age of husband or wife if alive 12 years 1870 (Year)

7. Birth date of deceased July 12, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 20 If less than one day hr. min.
9. Birthplace Lenexa Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation School teacher
11. Industry or business _____
12. Name William K. Haskin
13. Birthplace Ohio (State or foreign country)
14. Maiden name Diana Brush
15. Birthplace Ohio (State or foreign country)

16. (a) Informant Mrs. Harold Keys
(b) Address 3406 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5-1941
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park R. V. Lindsey & Sons

18. (a) Signature of funeral director _____
(b) Address 3911 Broadway

19. (a) 7-5-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1941 hour 11:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from JULY 30
1941 to JULY 2 1941;
that I last saw her alive on JULY 1 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to Arterial Hypertension
Due to _____

Other conditions (include pregnancy within 3 months of death) 6' 2" 120

Major findings: Of operations _____
Of autopsy none

Duration 4 days
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 Chas Jones MD (M. D. or other) D
Address Albion Kan Date signed 7-3-41

361 (Licensed Embalmer's Statement on Reverse Side)

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

48
3
8

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.....

Leon H. Stewart

Licensed Embalmer No. *4177*

P. O. Address..... *Kansas City, 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.