

MAILED SEP 26 1941

Registration District No. 72

Primary Registration District No. 4041

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Centralia, Mo
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone

(c) City or town Centralia, Mo
(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.

3. (a) PRINT FULL NAME James S. Key

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1941 hour 8 minute 150 M.

21. I hereby certify that I attended the deceased from April 2, 1941, to Aug 30, 1941; that I last saw him survive on Aug 30, 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife W.K. 6. (c) Age of husband or wife if alive _____ years (Day) _____ (Year) _____

7. Birth date of deceased Nov 11 1862
(Month) (Day) (Year)

Immediate cause of death Ca of Prostate
Myo Carditis

Due to _____

Due to _____

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

51B

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jacob Key

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

14. Maiden name Agnes Fry

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

16. (a) Informant Carson Blanton

(b) Address Centralia Mo

17. (a) Buried (b) Date thereof 9/11/1941
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo

18. (a) Signature of funeral director M. M. H. H. H.

(b) Address Centralia Mo

19. (a) 9/11/1941 (b) F. N. H. H.
(Date received local registrar) (Registrar's signature)

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 _____

Signature F. N. H. H. (M. D. or other) MD

Address Centralia Mo Date signed 9/11/41

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

M. J. McDaniel

Licensed Embalmer No.

2589

P. O. Address

Centerville 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.