

S. No. 2
1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35508
Registrar's No. 272

Registration District No. 547

Primary Registration District No. 3029

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution:
2501 Broadway
(d) Length of stay: In hospital or institution
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal
(d) Street No. 2501 Broadway
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Adelaide Bunn Key
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September, 1941
year 1941 hour 3 minute 55 A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife E. D. Key 6. (c) Age of husband or wife if alive 58 years

21. I hereby certify that I attended the deceased from Sept 27-1941
to Sept 30 1941
that I last saw her alive on Sept. 30 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration 4 days

7. Birth date of deceased November 7, 1983
(Month) (Day) (Year)
8. AGE: Years 57 Months 10 Days 23 If less than one day hr. min.

Due to Hypertensive heart disease 12 years
Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 430
Of operations _____
Of autopsy _____

10. Usual occupation Housewife
11. Industry or business _____

MOTHER FATHER { 12. Name Unknown - Bunn
13. Birthplace Illinois
14. Maiden name Hannah May Elliott
15. Birthplace Illinois

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant E. D. Key
(b) Address 2501 Broadway
17. (a) Burial (b) Date thereof 10/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Mount Olivet
18. (a) Signature of funeral director Terance Smith
(b) Address 902 Broadway Hannibal
19. (a) Oct 3 1941 (b) W. Fisher
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ Means of injury fall
23. Signature W. Fisher (M. D. or other) _____
Address 412 Center St. Hannibal, Mo. Date signed Oct. 1-1941

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.....
James A. Moles

Licensed Embalmer No..... 3296

P. O. Address..... Hannibal, Missouri

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.