

JAN 13 1942

85

1001

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months,
(Specify whether
In this community 56 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan, //
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 2406 Lafayette Street,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank D. Keys,

3. (b) If veteran, name war None
3. (c) Social Security No. 707-07-0737

4. Sex Male, race White
5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Mary H. Keys,
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased March, 29th, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 4 hr. min.

9. Birthplace Thayer, Iowa,
(City, town, or county) (State or foreign country)

10. Usual occupation Cashier

11. Industry or business Railroad, Freight dept.

12. Name Ordella Keys,

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

14. Maiden name Emelia Callahan,

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

16. (a) Informant Mrs. Frank D. Keys
(b) Address 2406 Lafayette Street,

17. (a) Burial (b) Date thereof 12/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery,
18. (a) Signature of funeral director Heaton
(b) Address 319 So. 10th Street,
19. (a) Dec 5 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd.
year 1941 hour 9:00 minute 20 p.m.

21. I hereby certify that I attended the deceased from Sept 13 1941 to Dec 3 1941;
that I last saw him alive on Dec 3 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Endocarditis, Subacute Bacterial 3 Mon

Due to Septic Viridans

Due to _____

Other conditions Polyarthritic Vera
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature Dr. D. J. [Signature] (M. D. or other) MD
Address 2406 Lafayette Street Date signed 12-4-41

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

MOTHER FATHER

JAN 30 1942

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 17-3-4

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

Signed Wm. Summerfield

Licensed Embalmer No. 3007

P. O. Address 309 So. Haystack

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.