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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17055

Registration District No. 379 — Primary Registration District No. 1002 — Registrar's No. 2009

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

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: St Marys Hospital D (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether in this community 3 months 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. 3601 Benton Blvd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME KEY, JOSEPH LUTHER
3. (b) If veteran, name war none
3. (c) Social Security No. 512-10-3781
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Aug. (Month) 18 (Day) 1888 (Year)

8. AGE: Years 53 Months 9 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace Swayze (City, town, or county) Indiana 1 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business F. E. Scott, Cement Cont
FATHER
12. Name Elihu Key
13. Birthplace Deerfield (City, town, or county) Indiana 1 (State or foreign country)
MOTHER
14. Maiden name Lucy Hatfield
15. Birthplace Grant Co (City, town, or county) Indiana 1 (State or foreign country)
16. (a) Informant Bessie Key
(b) Address Kansas City Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Pratt Kansas
18. (a) Signature of funeral director R. A. Fulton
(b) Address Kansas City Kansas
19. (a) 5-24-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1942 hour 11 00 minute P. M.
21. I hereby certify that I attended the deceased from November 10, 1941, to May 23, 1942 that I last saw him alive on May 23, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial insufficiency	6 mos.
Due to myocardial infarction	9 mos.
Due to Coronary artery disease	9 mos.
Other conditions (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 — 0

23. Signature Graham Asher (M. D. or other) M. D.
Address 1220 Prof. Bldg Date signed 5-24-42

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(Licensed Embalmer's Statement on Reverse Side)

512-10-3781

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Maurice M. Swisher

Licensed Embalmer No. 3505

P. O. Address Kansas City Kansas

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.