S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

52b

7284

State File No.

Registration District No. 280

Primary Registration District No. 5958416

Registrar's No. 25

83
0
0

1. PLACE OF DEATH:
(a) County: Platte — At Home
(b) City or town: Platte City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~St. Luke's Hospital, Kansas City, Mo.~~
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ~~three months~~ (Specify whether
In this community: number of years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Platte
(c) City or town: Platte City
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

83
0

3. (a) PRINT FULL NAME: SAMUEL W. KEYS

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: MALE

5. Color or race: White

6. (a) ~~Single, widowed,~~ married, ~~divorced~~: /

6. (b) Name of ~~husband or~~ wife: Mrs. Isabella G. Keys

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: June (Month) 24 (Day) 1870 (Year)

8. AGE: Years 72 Months 7 Days 19 If less than one day hr. min.

9. Birthplace: South Mountain (City, town, or county) Ontario Canada (State or foreign country)

10. Usual occupation: Miller

11. Industry or business: Milling Co.

MOTHER FATHER

12. Name: John Keys

13. Birthplace: South Mountain (City, town, or county) Ontario Canada (State or foreign country)

14. Maiden name: Mary Keys

15. Birthplace: South Mountain (City, town, or county) Ontario, Canada (State or foreign country)

16. (a) Informant: Mrs. Fred Wakeman
(b) Address: Platte City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 14 1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Platte City Cemetery

18. (a) Signature of funeral director: Rollins & Mitchell Mortuary
(b) Address: Platte City, Missouri

19. (a) 2-12-43 (Date received by local registrar) (b) Mrs Clay Siffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1943 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 10 1943
19 to Jan 31 1943
that I last saw ~~him~~ alive on ~~Feb~~ Jan 31 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the Urinary Bladder. — Duration: 5 yrs +

Due to: Uremia from blockage of the ureters by the carcinoma.

Due to: Myocardial degeneration

Other conditions: Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Squamous cell carcinoma of the bladder
Of autopsy: none. 52 b

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: Neil J. Ockerblad (M. D. ~~coroner~~)
Address: 1103 Grand Ave. Date signed: 2/12/1943
Kansas City, Mo

1209 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte County

District File Number 3-43-22

Date Filed 3-1-43

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 Rollins & Mitchell Mortuary, Registered Apprentice No. , working under my personal supervision.

Signed S. A. McCormas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.