

Registration District No. 174

Primary Registration District No. 3035

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Livingston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
215 S. 5th St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Livingston
(If outside city or town limits, write "RURAL")
(d) Street No. 215 S. 5th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSANA P. KEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alfred R Key 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Dec 25 1928
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Clatha Kan 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Steven Sallee
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name Annie Philpot
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred R Key

(b) Address Livingston MO

17. (a) Burial (b) Date thereof 6-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston MO

18. (a) Signature of funeral director W. M. Kelly

(b) Address Livingston MO

19. (a) 7-9-43 (b) Mrs. G. Schwab
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1943 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 15 1943 to June 26 1943
that I last saw her alive on June 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Quinidine
and stroke Duration 6 mos

Due to _____
Due to _____
Other conditions fall stone
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations H6 f
Of autopsy _____
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)
(c) Means of injury _____
23. Signature Ch. H. Land (M. D. or other)
Address Livingston MO Date signed 7/6/43

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

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Reylan

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 7-13-43

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

Signed Garret J. Murphy

Licensed Embalmer No. 3295-

P. O. Address Livingston, Me

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.