S. No. 2
0M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34997

State File No.

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 87

49

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1221 Virginia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Newton Key, Jr.
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 19, 1943 (Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day 5 hr. 10 min.
9. Birthplace Webb City (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Child
11. Industry or business
12. FATHER Name Henry Newton Key, Sr.
13. FATHER Birthplace Newburg (City, town, or county) Missouri 0 (State or foreign country)
14. MOTHER Maiden name Katherine Brown
15. MOTHER Birthplace Wapanucka (City, town, or county) Oklahoma 0 (State or foreign country)
16. (a) Informant Nurry Key
(b) Address 1221 Virginia, Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem.
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Missouri
19. (a) Oct 20, 1943 (Date received by registrar) (b) Mrs Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19 year 1943 hour 7:15 P. M. minute M.
21. I hereby certify that I attended the deceased from October 19, 1943 to October 19, 1943 that I last saw him alive on October 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Premature (7 mo)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 159	
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 R. G. Mahoney (M. D. or other) D.O.
Address Joplin, Mo Date signed 10/21/43

1160

(Licensed Embalmer's Statement on Reverse Side)

43-10-900

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ not embalmed ~~by me, or by~~ .....

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

~~working under my personal supervision.~~

Signed Perry L. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.