S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37348

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4933

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: 136 NORTH TOPPING (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - - - - In this community 40 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3 0

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")

(d) Street No. 136 NORTH TOPPING (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country - - - - - - 0

3. (a) PRINT FULL NAME MR JOHN A. KEY

3. (b) If veteran, name war No

3. (c) Social Security No. 486-01-4906

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS GOLDIE KEY

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased NOVEMBER (Month) 28 (Day) 1876 (Year)

8. AGE: Years 66 Months 11 Days 20 If less than one day hr. min.

9. Birthplace SHELL CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation SECRETARY

11. Industry or business INTERNATIONAL BROTHERHOOD OF BOOK BINDERS

FATHER 12. Name JAMES A. KEY

FATHER 13. Birthplace UNKNOWN (City, town, or county) MISSOURI (State or foreign country)

MOTHER 14. Maiden name MISSOURI KEENY

MOTHER 15. Birthplace COLE COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs G. A. Key

(b) Address 136 NORTH TOPPING

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 22 1943 (Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON CEM.

18. (a) Signature of funeral director D H Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-22-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 18TH year 1943 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from 8/15/43 19..., to 11/18/43 19...; that I last saw him alive on 11/18/43 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism (multiple) — Duration several

Due to Coronary sclerosis — Duration embolic over period of 3 mos.

Due to 94a

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

23. Signature Olof Colemann M.D. (Dr. or other) Address 6047 E 15th Date signed 11/20/43

(Licensed Embalmer's Statement on Reverse Side)

6047 East 15th Street
2-6

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.