

7. S. No. 2
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P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41503

Registration District No. 179

Primary Registration District No. 4287

Registrar's No.

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Troy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) i
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 57
(c) City or town Troy (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JULIA M. Kay
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 28-1944
year 1944 hour _____ minute 9 P M.
21. I hereby certify that I attended the deceased from _____
_____ 1944 to April 28 1944
that I last saw h. _____ alive on _____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mr. S. R. Mc. Kay 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 15, 1856
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction
Quintessence
Due to _____
Due to _____

8. AGE: Years 88 Months 1 Days 13 If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) 932

9. Birthplace Washington Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Alexandria

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Mary Alexandria

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Laura Mc. Kay

(b) Address Troy Mo

17. (a) Burial (b) Date thereof May 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Mo

18. (a) Signature of funeral director Kemper Funeral Home

(b) Address Troy Mo

19. (a) _____ (b) Mrs. J. Jackson
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(c) 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? _____

23. Signature J. C. Orbeck (Specify type of place) (a) _____ (b) _____
Address Troy, Mo (City or town) (County) (State)
April 27/44

MOTHER FATHER

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

57

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 12-16-44

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 Marion Muschling

Licensed Embalmer No. 2461

P. O. Address Wentzville 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.