

FILED APR 17 1945
368

Registration District No. _____

Primary Registration District No. 3076

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Nevada 109
(If outside city or town limits, write "RURAL")

(d) Street No. 341 N. Main
(If rural, give location)

(e) Citizen of foreign country? No D. (Yes or No)
If yes, name country V

3. (a) PRINT FULL NAME Thomas August Kays

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day Mar
year 1945 hour 2:45 minute 7 M.

21. I hereby certify that I attended the deceased from
Aug 11 1944 to Mar 16 1945
that I last saw him alive on Mar 16 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Scottie Kays 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 8 1871
(Month) (Day) (Year)

Immediate cause of death Proctival obstruction 24 hrs
Duration _____

Due to Cause undetermined

Due to _____

Other conditions Cardio-renal disease
(Include pregnancy within 3 months of death)

8. AGE: Years 73 Months 9 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Monticello, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman (Retired)

11. Industry or business _____

12. Name John A. Kays

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

14. Maiden name Martha A. Davis

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

16. (a) Informant Allen V. Kays

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Mar 23 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen V. Kays

(b) Address Nevada, Mo.

19. (a) 4-4-45 (b) Hazel B. Beach
(Date received local registrar) (Registrar's signature)

Major findings: 7/1/45

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature F. L. Martin (M. D. or other) MD
Address Nevada Date signed 4/16/45

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

28
1
2

1331

APR 20 1965

RECEIVED

District Health Officer No. 7,

District File Number 2-45-851

Date Filed 4-14-65

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 Allen E. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.