

U. S. No. 2
FORM-8-43
Rev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33672**

FILED OCT 16 1945

Registration District No. 105

Primary Registration District No. 4177

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Dunklin

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

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

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

In this community most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Dunklin 35

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

(d) Street No. _____ City
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Van H Key

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, married

6. (b) Name of husband or wife Pearl Key 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Oct 7 - 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>11</u>	<u>20</u>	hr. _____ min. <u>0</u>

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

10. Usual occupation Marchant Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Frank Van Key

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

14. Maiden name Alma Rody

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

16. (a) Informant Mrs. Van Key

(b) Address Clarkton, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-5-45
(Month) (Day) (Year)

(c) Place: burial or cremation Starfield Cemetery

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

(b) Address Campbell, MO

19. (a) Oct 9 1945 (b) Frederic Key
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 3
year 1945 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept 30th 1945, to Oct 5th 1945, that I last saw him alive on Oct 3rd 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Uterus Pneumonia

Duration 5 days

Due to ✓

Due to ✓

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

PHYSICIAN

Major findings:
Of operations ✓

Of autopsy 108 none

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 S. E. Mitchell M.D. or other MO
Address Malden MO Date signed 10/14/45

RECEIVED

District Health Office No. 2,

District File Number 1045-313

Date Filed 10-10-75

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.