

FILED OCT 17 1945

State File No. _____

Registration District No. 226

Primary Registration District No. 4336

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Holliday
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69
(c) City or town Holliday 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alva Estella Key

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Perry Key 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased January 31st 1884
(Month) (Day) (Year)

8. AGE: Years: 61 Months: 7 Days: 14 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business House Wife

12. Name Elijah B Atterberry

13. Birthplace Monroe Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah F Weatherford

15. Birthplace Macon Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Zelma Key

(b) Address Holliday Mo

17. (a) Burial (b) Date thereof 9/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo

18. (e) Signature of funeral director Million & Barkelew

(b) Address Shelbina Mo

19. (a) Sept. 15, 1945 (b) Alva Estella Key
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15th
year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 15,
1945 to Sept. 15, 1945
that I last saw her alive on Sept 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure Duration 1 hr.

Due to none

Due to none

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 J.A. Barnett (M. D. or other) MD

Address Paris, Mo Date signed 9-17-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1474

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 10-45-1513

Date Filed OCT 16 1945

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 *Derry A. Berkeley*.....

Licensed Embalmer No. 3835.....

P. O. Address *Shelburne Vt*.....

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.