V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36597

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 299

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1407 Illinois Ave. 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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4
(d) Street No. 1407 Illinois Ave
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE KEY
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced — 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10-16-1945 (Month) (Day) (Year)
8. AGE: Years — Months — Days 20 If less than one day hr. min.
9. Birthplace Columbia (City, town, or county) Mo 1 (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Henry Key
13. Birthplace Boone Co. (City, town, or county) Mo 1 (State or foreign country)
14. Maiden name Rosetta Stapleton
15. Birthplace Howard Co. (City, town, or country) Mo 1 (State or foreign country)
16. (a) Informant Lou Key
(b) Address Columbia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stuart C. Parker
(b) Address Columbia Missouri
19. (a) Nov 12 1945 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5 year 1945 hour 01 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct. 16 1945 to Nov 5 1945; that I last saw him alive on Nov 4 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition. Was small at birth and never gained	20 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations NU
Of autopsy NU

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 W W Vandeschmidt (M. D. or other)
Address Columbia, Mo. Date signed 11-7-45

1725 (Licensed Embalmer's Statement on Reverse Side)

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~~ not .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.