S. No. 2
—1-4-41
. 5-17-39
P1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37996

FILED DEC 22 1945

Registration District No. _____ Primary Registration District No. 3046 Registrar's No. 21

1. PLACE OF DEATH:

(a) County: MONITEAU

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

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

(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)

In this community: _____

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: MILLER

(c) City or town: Eldon
(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: Hillard Harvey Kay

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: ANNA C.

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	10	17	_____ hr. _____ min.

9. Birthplace: MONITEAU, Co. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: RETIRED R.R. CLERK

11. Industry or business _____

FATHER
12. Name: JAMES R. KAY
13. Birthplace: MONITEAU, Co. (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name: LYDIA HOWARD
15. Birthplace: MONITEAU, Co. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: HARRY H. KAY

(b) Address: Eldon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-2-1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Eldon Cemetery

18. (a) Signature of funeral director: Phillips Funeral Home

(b) Address: Eldon, Mo.

19. (a) 12-4-45 (Date received local registrar) (b) H.R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: NOVEMBER day: 29 year: 1945 hour: 11 minute: P.M.

21. I hereby certify that I attended the deceased from Nov. 25, 1945, to Nov. 29, 1945, that I last saw him alive on Nov. 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to: Arterio-Sclerosis	1 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 830	

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: L. L. Latham (M. D. ~~osteopath~~)

Address: California, Mo Date signed: 12-1-45

1027 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 12-10-45

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 Louis D. Phillips, Registered Apprentice No....., working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldora

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.