

FILED JAN 5 1946

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 145

1. PLACE OF DEATH:

(a) County Jasper

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

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

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

In this community 60 yrs.
years, months or days

3. (a) PRINT FULL NAME JOHN J. KEYS

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Dec 18 - 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>0</u>	<u>11</u>	hr. min.

9. Birthplace No Data Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Mill Man

11. Industry or business Mining

12. Name Richard Mills Keys

13. Birthplace No Data Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Laura E. Jackson

15. Birthplace No Data Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Minta Keys

(b) Address Donnogo

17. (a) Burial (b) Date thereof 12/30-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Donnogo Cemetery

18. (a) Signature of funeral director W. L. Lewis

(b) Address Will. Sta. Mo.

19. (a) DEC. 29, 45 (b) J. P. Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1945 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12/27 1945 to 12/29 1945
that I last saw him alive on 12/27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 13K

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 P. H. Brown (M.D. or other) MD
Address Donnogo Mo. Date signed 12/29/45

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *E. O. Hedge*
Licensed Embalmer No. *28579*
P. O. Address..... *Hedge*

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.