

FILED JUL 2 1946

Registration District No. 4028

Primary Registration District No. 4028

Registrar's No. 15

1. PLACE OF DEATH

(a) County Barton
(b) City or town Liberal
(c) Name of hospital or institution: 1
(d) Length of stay: In hospital or institution 55 years
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Liberal
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Sarah Catherine Keys

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed
(b) Name of husband or wife William Wallace Keys 6. (c) Age of husband or wife if alive years 19
7. Birth date of deceased Dec. 1864

8. AGE: Years 81 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation Housekeeper (retired)

11. Industry or business own home

12. Name Ephraim Shuler (City, town, or county) Indiana 1 (State or foreign country)

14. Maiden name Mary Jane Baker (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Elsie Cooper

(b) Address Liberal Mo.

17. (a) Burial (b) Date thereof May 8 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Kansas

18. (a) Signature of funeral director J. M. Berkeley

(b) Address Mulberry Kansas

19. (a) May 10 1946 (b) Harrison Liberty (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1946 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 1, 1946, to May 5, 1946, that I last saw her alive on May 5, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 1 Mo.

Due to Unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None of 30

Of autopsy None

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) No
(b) Date of occurrence No
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (e) Means of injury 0

23. Signature J. R. Bell (M. D. or other) Address Liberal Mo. Date signed 5/9/46

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

18500

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 J. M. Berkey

Licensed Embalmer No. 2336

P. O. Address Mulberry, Kans.

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.