. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31151

Registration District No. 297 Primary Registration District No. 4415 Registrar's No. 26

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Clarksville Mo
(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 Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 82
(c) City or town Clarksville 0
(If outside city or town limits, write "RURAL")
(d) Street No. Front St 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gussie E. Key
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 1
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed
6. (b) Name of husband or wife H.H Key
6. (c) Age of husband or wife if ~~alive~~ ~~years~~ Deceased
7. Birth date of deceased August (Month) 21 (Day) 1869 (Year)

8. AGE: Years 77 Months 00 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace Clarksville (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
MOTHER FATHER
12. Name Hezekiah Elgin 0
13. Birthplace Clarksville (City, town, or county) Missouri (State or foreign country)
14. Maiden name Elizabeth Dudley, Elgin 0
15. Birthplace Clarksville (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Lenard Idle
(b) Address Pittsburg Pa.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Clarksville Mo.
18. (a) Signature of funeral director L H Brown & Son
(b) Address Clarksville Mo By L H Brown
19. (a) 9-20-46 (Date received local registrar) (b) Linda Richard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11 year 1946 hour 2 minute 55 A.M.
21. I hereby certify that I attended the deceased from Sept 2 1946 to Sept 11 1946; that I last saw her alive on Sept 10th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	11 days
Due to Arterio-sclerosis	not known
Due to not known	
Other conditions (Include pregnancy within 3 months of death) —	

Major findings:
Of operations — 93A
Of autopsy —

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 0

23. Signature E. M. Bartlett (M. D. ~~or coroner~~)
Address Clarksville Mo. Date signed 9/11/46

(Licensed Embalmer's Statement on Reverse Side)

254

MAY 5 1947

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.....F. Leatty Brown.....

Licensed Embalmer No..3996.....

P. O. Address....Clarksville.....

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.