

Registration District No. **316**

Primary Registration District No. **3059**

Registrar's No. **400**

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Howard Michael Kay

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Sept. 17 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>3</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Irondale Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Auman Kay

13. Birthplace Bunker Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Susie Poff

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Auman Kay

(b) Address Irondale Mo. Rt. # 1

17. (a) burial (b) Date thereof 12-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Irondale Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 244 1/2 E. 1st St. Irondale Mo.

19. (a) 12-24-46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. one mile south of Irondale
(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 21
 year 1946 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 18th 1946 to Dec. 21st 1946
 that I last saw him alive on Dec. 21 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Bronchial pneumonia
due to _____
Common cold

Duration
5 days
1 week

Other conditions otitis media
(Include pregnancy when applicable)
none

Major findings:
 Of operations _____
 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 Dec. 21, 1946
 (c) Where did injury occur? _____ (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 fall

23. Signature Van W. Tupper (M. D. or other)
 Address Bonne Terre, Mo. Date signed 12-22-46

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

2
43
39
37823

46

RECEIVED

Health Officer No. 4

File Number 1246-30

12-30-4

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.....

was not embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed *Annex White*

Licensed Embalmer No. *3012*

P. O. Address *Quinton, 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.