

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **118**

**1. PLACE OF DEATH:**  
 (a) County Boone  
 (b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Boone Co. Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
(Specify whether  
 In this community unknown  
years, months or days)

**3. (a) PRINT FULL NAME** LOU KEY  
 3. (b) If veteran, name war                       
 3. (c) Social Security No.                     

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Henry Key 6. (c) Age of husband or wife if alive had been years  
 7. Birth date of deceased about 1890  
(Month) (Day) (Year)

**8. AGE:** Years about 57 Months                      Days                      If less than one day                      hr.                      min.                     

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

10. Usual occupation at home

11. Industry or business                     

**MOTHER** { 12. Name Tom Turner  
 13. Birthplace Ballouay Co. Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sigbee Hiltman  
 15. Birthplace Ballouay Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Elna Harris  
 (b) Address Columbia Mo.

17. (a) Removal (b) Date thereof 4-17-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Stephens Ave Mo.

18. (a) Signature of funeral director Wm. P. Parker  
 (b) Address Columbia, Missouri

19. (a) 4-17-47 (b) Mrs. R.E. Palmer  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Boone  
 (c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1407 Illinois Ave  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country                     

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 14th year 1947 hour                      minute                      M.                       
 21. I hereby certify that I attended the deceased from April 12th 1947, to April 14 1947, and that death occurred on the date and hour stated above.

that I last saw her alive on April 14 1947  
 Immediate cause of death Laceration, traumatic, mucosa of cerebellum  
 Due to Fall on sidewalk Duration 2 days  
 Due to                     

Other conditions                       
(Include pregnancy within 3 months of death)  
 Major findings: Of operations                       
 Of autopsy laceration of mucosa with hemorrhage

**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) Accident 118  
 (b) Date of occurrence April 9th 1947  
 (c) Where did injury occur? Columbia Boone Mo  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm or industrial place, in public place? On sidewalk  
 While at work?                      (Specify type of injury)                       
 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

23. Signature James M. Baker M. D. or other MD  
 Address: Columbia Mo Date signed Apr 17 1947

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

RECEIVED  
DISTRICT HEALTH OFFICE  
MAY 21 1947  
District File Number 4-2347  
Date Filed

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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, Md

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.