

No. 2
12-45
17-39
X4720

FILED JUL 17 1947

State File No. _____

Registration District No. 139

Primary Registration District No. 4249

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Hillsboro
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Cedar Hills Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 4 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. Willow-O-Way Court
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Elizabeth Key
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6
year 1947 hour 10 minute 15 a.m.
21. I hereby certify that I attended the deceased from June, 1946
19____, to July 6 1947.

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Alexander Key 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 22, 1872
(Month) (Day) (Year)

that I last saw her alive on July 2, 1947 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Hyperstatic pneumoniae Duration 4 days

8. AGE: Years Months Days If less than one day
74 11 14 hr. min.

Due to Arteriosclerosis
Due to _____

9. Birthplace Iron Mountain, Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation housewife

Major findings: Of operations _____

11. Industry or business _____

Of autopsy None
PHYSICIAN Underline the cause to which death should be charged statistically.

12. Name David Dix

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

14. Maiden name Rose Ann Valle

15. Birthplace Franklin County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Tetley

(b) Address Farmington, Missouri

17. (a) burial (b) Date thereof 7-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doe Run, Mo

18. (a) Signature of funeral director C. H. Cozart

(b) Address Farmington, Missouri

19. (a) 7-11-47 (b) Kathleen Marsden
(Date received local registrar) (Registrar's signature)

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? no

While at work? _____ (Specify place) (e) Means of injury _____

23. Signature L. M. Starfield (M. D. or other) D. O.

Address Farmington, Mo. Date signed 7/7/47

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

MOTHER FATHER

Date Filed 7-16-47

District File Number

District Health Officer No. 9,

RECEIVED

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 C. McCreary

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.