S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 5 1947

Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3059

State File No. 35426

Registrar's No. 359

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: 1 month (Specify whether years, months or days)
In this community: apx. 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Francois
(c) City or town: Desloge (If outside city or town limits, write "RURAL")
(d) Street No.: Grant Street (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: John Kay
3. (b) If veteran, name war:
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: ANGELINE KAY
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. (Month) 12 (Day) 1865 (Year)

8. AGE: Years 82 Months 2 Days 6 If less than one day: hr. min.

9. Birthplace: Knox County (City, town, or county) Ind. (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: self

FATHER
12. Name: Miles Kay
13. Birthplace: Cashocton (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Sue Ann Mencer
15. Birthplace: Dont Know (City, town, or county) Ind. (State or foreign country)

16. (a) Informant: Perry Kay
(b) Address: Desloge, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakland Cemetery
18. (a) Signature of funeral director: C. Z. Boyer & Son
(b) Address: Desloge, Mo.
19. (a) 10-28-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 18 year: 1947 hour: 6 minute: 30 p.M.

21. I hereby certify that I attended the deceased from Feb 1 1947, 19..., to Oct 18 1947, 19..., that I last saw him alive on Oct 18 1947, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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:

23. Signature: Sam W. Taylor (M. D. or other)
Address: Bonne Terre Mo. Date signed: 10-20-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1147-1389

Date Filed 11-4-47

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 S. T. Sayer

Licensed Embalmer No. 3660

P. O. Address Desloge 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.