S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35933

State File No. 9733

FILED NOV 7 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Sullivan 4
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Cora V. Key
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Taylor Key
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased April (Month) 8 (Day) 1892 (Year)

8. AGE: Years 55 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Huzzah (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Putman Dunlap
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Esco Key
(b) Address Sullivan, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) OCT 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1947 hour 3 minute 00 P.M.
21. I hereby certify that I attended the deceased from Oct 13, 1947 to Oct 18, 1947; that I last saw her alive on Oct 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Due to Bronchial Pneumonia (Terminal)
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Ventral Hernia
Multiple partial obstructions
Of autopsy

Duration

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 11
23. Signature Edwin J. Vitt M.D. (M. D. or other)
Address 462 N. Taylor Date signed 10-20-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.