

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 334

1. PLACE OF DEATH:

(a) County Pettis Co.

(b) City or town Sedalia Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
605 S. Osage /
(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 Pettis Co

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 605 S. Osage
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LOUISE MARIAM KAY

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1946 hour 2 minute - A. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W. R. Kay

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

7. Birth date of deceased Dec 12 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 21 1946 to Aug 3 1946
that I last saw her alive on Aug 2 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>7</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death: Heart failure

Due to Myocarditis, subacute 3 mos

Due to Nephrosis bilateral with stoma 2 yrs

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

10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

MOTHER FATHER

12. Name Matt Redmond

13. Birthplace Moniteau Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rhoda Redford

15. Birthplace Moniteau Co. Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Pat Kay

(b) Address California Mo.

17. (a) Buried (b) Date thereof Aug 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Hugh E. Williams

(b) Address California Mo.

19. (a) 8-3-46 (b) Betty Younger
(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? _____

While at work? _____ (Specify type of place)

(b) Means of injury _____

23. Signature Chas. D. House (M. D. or other) MD

Address Sedalia Mo Date signed 8/3/46

251

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

26780

64

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-17-42

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..... *Hugh E Williams*

Licensed Embalmer No. *3537*

P. O. Address..... *California 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.