

X32873

FILED NOV 10 1943 4
Registration District No. 124

Primary Registration District No. 30465796

Registrar's No. 124

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

1. PLACE OF DEATH:

(a) County Monteague

(b) City or town Rural Walker Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community All His Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Andrew Jackson Kay

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

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife Cornelia Kay 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb 12 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Monteague MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name James Kay

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

14. Maiden name Lidia Howard

15. Birthplace Monteague MO
(City, town, or county) (State or foreign country)

16. (a) Informant Maud Crum

(b) Address California Mo

17. (a) Burial (b) Date thereof Oct 18 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cem

18. (a) Signature of funeral director William T. Friedman

(b) Address California Mo

19. (a) 10-21-43 (b) A. J. Allee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monteague

(c) City or town Rural 068
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1943 hour 7 minute _____ a. M.

21. I hereby certify that I attended the deceased from Sept 27 to Oct 17 1943 that I last saw him alive on Oct 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Influenza

Due to _____

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

Major findings: Of operations 330

Of autopsy _____

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) (e) Means of injury _____

23. Signature A. L. Meredith (Date signed 10/21/43)

Address Prussia Home Mo

Duration 3WK

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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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.