

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 8 1949

30465796

Registrar's No. 69

Registration District No.

Primary Registration District No.

6893

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

1. PLACE OF DEATH:

(a) County... Moniteau
(b) City or town... Kliever
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... Entire Life (Specify whether
In this community... Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Moniteau
(c) City or town... Kliever
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CORNELIA DAVIS KAY

3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife... Jack Kay 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased... April 6, 1968
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 13 hr. min.

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

10. Usual occupation... Housewife

11. Industry or business.....

12. Name... Blackburn Smith
13. Birthplace... Moniteau County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name... Moriah
15. Birthplace... Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Edgar Crum
(b) Address... California, Mo.

17. (a) Burial (b) Date thereof... 12/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Salem Baptist Ch. Cem.

18. (a) Signature of funeral director... WILLIAMS FUNERAL HOME

(b) Address... California, Mo.

19. (a) 12-21-48 (b) H.R. Popejoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1948 hour 2 minute 2 P.M.

21. I hereby certify that I attended the deceased from Sept 4
48, to Dec 19, 1948
that I last saw her alive on Dec 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death... Chronic myocarditis

Due to Generalized arteriosclerosis

Due to.....

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

Major findings:
Of operations.....

Of autopsy... g b p

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)

(e) Means of injury.....

23. Signature... Blayney Latham (M. D. or other).....

Address... California, Mo Date signed... 12-20-48

Duration

1 year

10 years

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JAN 6 1949

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.....

J. E. Friedman

Licensed Embalmer No.

2854

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.