

FILED SEP 12 1945

State File No.

Registration District No. 21

Primary Registration District No. 21

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau

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

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

(d) Length of stay: In hospital or institution.....  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Jamestown, Mo. 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Jamestown, Mo. 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Jasper Richard Kay

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month Aug day 3  
year 1945 hour 11 minute 4 M.

21. I hereby certify that I attended the deceased from June 2  
1945 to July 3, 1945  
that I last saw him alive on July 28, 1945  
and that death occurred on the date and hour stated above.

4. Sex Male U 5. Color or race White

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

6. (b) Name of husband or wife Theodosia Kay

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug 29 1862  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage 1 hour  
Duration

Due to Generalized arteriosclerosis 20 years

8. AGE: Years Months Days If less than one day  
82 11 5 hr. min.

Due to .....

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

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

10. Usual occupation Retired Farmer

Major findings: Of operations gno

Of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business .....

12. Name James R. Kay

13. Birthplace Virginia /  
(City, town, or county) (State or foreign country)

14. Maiden name Lydia S. Howard

15. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. R. Kay

(b) Address Jamestown, Mo.

17. (a) Burial (b) Date thereof Aug. 5, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cent.

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? .....

(c) Place: burial or cremation Union Cent.

18. (a) Signature of funeral director Bowlin Funeral Home  
California, Mo.

(b) Address .....

19. (a) 8-5-45 (b) Grace Gentsch  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury .....

23. Signature Keaton Latham (M. D. or other) 0  
Address California Mo Date signed 8-4-45

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

8000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-10-45

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl R. Paulin

Licensed Embalmer No. 2126

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.