

FILED

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24828

State File No. _____

Registration District No. 124

Primary Registration District No. 4090

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Jackson Mo
(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) 7
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Nancy Day, wid
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 1 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Esere Day
18. Birthplace Penn
(City, town, or county) (State or foreign country)
14. Maiden name Sabra Sartan
15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ella Browning
(b) Address _____

17. (a) Burial (b) Date thereof 7-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Ridge

18. (a) Signature of funeral director McCombs & Co.
(b) Address Jackson Mo

19. (a) 7-9-40 (b) N.S. Seiber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 416 Kate
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1940 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from July
1937 to July 9 1940
that I last saw her alive on July 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Duration about 107K

Due to _____
Due to _____

Other conditions Ren. Adenoma 1937
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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? 120

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J.D. Leatham (M. D. or other) 1
Address Jackson Mo Date signed 7-9-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No. 3051

P. O. Address Jackson 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, above space should be left blank.