

Registration District No. 400

Primary Registration District No. 55528

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Leas Summit
 (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 17 yrs
 In this community 17 yrs
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Dennis Day

3. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Maurie Day 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 5 1882
 (Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation Hotel Proprietor

11. Industry or business

12. Name D. L. Day

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

14. Maiden name Frances Cornington

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

16. (a) Informant's own signature Mrs. Dennis Day

(b) Address 9 E 3rd St. Leas Summit

17. (a) Burial (b) Date thereof Sept 12 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leas Summit Mo.

18. (a) Signature of funeral director F. M. Behrstedt

(b) Address 218 So Douglas Leas Summit

19. (a) 9-11-40 (b) Sarah G. Barnes
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
 year 1940 hour 3:00pm minute _____ M.

21. I hereby certify that I attended the deceased from June 30
 1940 to Sept 10 1940
 that I last saw him alive on Sept 19 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver (Primary) Duration 5 months

Due to _____

Due to fb

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

28. Signature Clint L. Miller (M. D. or other) _____
 Address Leas Summit Mo Date signed 9/11/40

PHYSICIAN

Underline the cause to which death should be charged statistically

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 *P. M. Schick*

Licensed Embalmer No. *1856*

P. O. Address *Leis Summit*

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.