

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37923

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1521

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3231 Prospect - Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month
(Specify whether 3)
In this community 29 years
years, months or days

3. (a) PRINT FULL NAME WALKER CHARLES W. DAY

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs. Mary Matilda Day 6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased March 31 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 7 25 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Retired

12. Name William H. Day

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

14. Maiden name Perlina E. Jesse

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

16. (a) Informant Mrs. J. W. Dayles

(b) Address 47 5534 Virginia Avenue

17. (a) Burial (b) Date thereof Nov. 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director B. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. Nov. 27, 1940 (b) M. M. Crisive
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5534 Virginia
(If rural, give location)
(e) If foreign born, how long in U. S. A. ---- years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th
year 1940 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from 11-22-40, 19____; to 11-22-40, 19____;
that I last saw him alive on 11-22-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration, Senile Arteriosclerosis, Bronchiectasis.

Due to 106 B

Due to _____
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? _____

23. Signature Wm. R. Shaw (M. D. or other) _____
Address Med. Dir., K/C. Gen. Hosp. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

C. Hervey Quisenberry

Licensed Embalmer No.

4070

P. O. Address

A. C. 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.