No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 7157

FILED MAR 17 1941

Registration District No. 398 — Primary Registration District No. 6554 — Registrar's No. 54

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Ed. [illegible]
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9616 Van Horn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Rural KC Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 9616 Van Horn 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME Charles B. Day

3. (b) If veteran, name war No

3. (c) Social Security No. 487-12-8870

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nannie Day

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April (Month) 10 (Day), 1871 (Year)

8. AGE: Years 69 Months 10 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation Shipper

11. Industry or business Cattle Buyer

FATHER
12. Name Peeter A Day
13. Birthplace Morgan Co. (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Rebecca Loveless
15. Birthplace Morgan Co (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs Nannie Day
(b) Address 9616 Van Horn

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/18/41 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Kans

18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo.

19. (a) Feb. 18 41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1941 hour 1:30 minute 1:30 A.M.

21. I hereby certify that I attended the deceased from 11/10, 1936, to 2/16, 1941;
that I last saw him alive on 1/6, 1941;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Thrombosis | |
| Due to: Myocarditis - Chronic | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) 93 F | |

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

23. Signature Grieemer (M. D. or other) MD
Address 10307 Indep ave KC Mo Date signed 2/18/41

(Licensed Embalmer's Statement on Reverse Side)

## 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.....Ralph E. Miller

Licensed Embalmer No. 4174

P. O. Address.....Independence 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.**