

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13849

State File No. _____

FILED MAY 9 1941

Registration District No. _____

Primary Registration District No. 2-1-3

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Trustee

(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Michael King Day

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1941 hour 11 minute 00 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him alive on March and that death occurred on the date and hour stated above.

4. Sex mo

5. Color or race whit

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

6. (b) Name of husband or wife Day

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

7. Birth date of deceased: March 10 1868

(Month) (Day) (Year)

Immediate cause of death: General collapse

Due to _____

Due to Chronic Asthmas

Bronchial Pneumonia

8. AGE: Years 73 Months _____ Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Sease Day

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

14. Maiden name Unknown

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

16. (a) Informant Ira Stephen Day

(b) Address Trustee Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/27/41 (Month) (Day) (Year)

(c) Place: burial or cremation Graves Cemetery

18. (a) Signature of funeral director J. R. Lantry

(b) Address Wheatland Mo

19. (a) Apr. 4 1941 (Date received local registrar) (b) J. A. Logan (Registrar's signature)

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? 65

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

23. Signature J. M. Jolly (M. D. or other) D. B.

Address _____ Date signed _____

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

RECEIVED

District Health Officer No. 7

District File Number 5-41-785

Date Filed 5-5-41

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

J.P. Luckey

Licensed Embalmer No. 2982

P. O. Address

Wheatland

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.