

Filed SEP 9 1942

Registration District No. _____

Primary Registration District No. 5073

Registrar's No. 44

1. PLACE OF DEATH:

(c) County Barton
(b) City or town Rural-- Northfork, ~~Missouri~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 & 1/2 Miles N. West of Jasper
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 122 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town 3 & 1/2 miles N. West of Jasper
(If outside city or town limits, write "RURAL")
(d) Street No. Jasper, Mo. R.R. #3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willard Franklin 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 Married

6. (b) Name of husband or wife Monnie P. Day 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 26th 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 5 8 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name James Day

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

14. Maiden name Mary Jane Wimmer
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Monnie Day

(b) Address Jasper, Mo.

17. (a) Burial (b) Date thereof Aug. 7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waters Cometry

18. (a) Signature of funeral director Chas. J. Toctor

(b) Address Jasper, Mo.

19. (a) 8-6-42 (b) Martha River
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4th
year 1942 hour 10 a.m. minute M.

21. I hereby certify that I attended the deceased from Aug - 3rd
1942 to 8 - 4 - 1942

that I last saw him alive on 8 - 4 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis
of some cerebral blood
vessel.

Due to unknown origin

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 940

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? _____

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

23. Signature W. H. Knott (M. D. or other) _____

Address Jasper, Mo. Date signed 8-4-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

600

1179

RECEIVED

District Health Officer No. 6,

District File Number 942-1298

Date-Filed SEP 2 1942

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

Phas J. Tester

Licensed Embalmer No. 2566

P. O. Address Jupiter 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.