

FILED JUL 20 1944
Registration District No. **204**

Primary Registration District No. **0404**

Registrar's No. **64**

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

1. PLACE OF DEATH:

(a) County **Douglas**
(b) City or town **Ava, Rural, Finley Jm.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution (Specify whether)
In this community **25 years**
years, months or days

3. (a) PRINT FULL NAME

John Day

(b) If veteran, name war **No**

(c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **September 15, 1876**
(Month) (Day) (Year)

8. AGE: Years **67** Months **7** Days **26**
If less than one day hr. min.

9. Birthplace **Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

MOTHER FATHER {
12. Name **James R. Day**
13. Birthplace **Gallatin, Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Agness L. Gillespie**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. R. L. ...**

(b) Address **Route 1, Ava, Missouri**

17. (a) **Burial** (b) Date thereof **5-14-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ava**

18. (c) Signature of funeral director **Clinkingbeard Funeral Home** While at work? (Specify type of place) (c) Means of injury **0**

(b) Address **Ava, Missouri**

19. (a) **7-1-1944** (b) **Mrs. J. R. Spurlin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas** **34**
(c) City or town **Ava** (If outside city or town limits, write "RURAL") **Rural**
(d) Street No. **Route 1** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11**
year **1944** hour **9** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **April 8**
1944 to **5-11-1944**
that I last saw **him** alive on **5-11-1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Failure** **20'**
Chronic Myocarditis
Due to **Chronic Myocarditis**
Due to

Other conditions **Hypertrophy of prostate**
(Include pregnancy within months of death)

Major findings: **932**
Of operations
Of autopsy

Duration
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?
(Specify type of place) (c) Means of injury

23. Signature **M. C. Bentley** (M. D. or other)
Address **Ava, Mo** Date signed **5-15-44**

RECEIVED

District Health Officer No. 6,

District File Number 744-80.6

Date Filed JUL 13 1944

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 W.B. Hutchison
.....
Licensed Embalmer No. 3431
P. O. Address Ora 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.