

FILED FEB 7 1946

State File No. _____

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 25

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Hutton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Laddonia
(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 AVA ELIZABETH DAY
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 21 year 1945 hour 1 minute 55 A.
21. I hereby certify that I attended the deceased from Nov 29 to Dec 21, 1945
that I last saw her alive on Dec 20, 1945
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July - 9 - 1875
(Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia
Duration _____

8. AGE: Years 70 Months 5 Days 12
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

10. Usual occupation housewife

11. Industry or business Home

12. Name James W Moor

13. Birthplace Rolls Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary A Kridge

15. Birthplace Rolls Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp no 1

(b) Address Hutton Mo

17. (a) Removal (b) Date thereof 12/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laddonia Mo

18. (a) Signature of funeral director Clyde Wilkey

(b) Address Seneca

19. (a) 1-12-1946 (b) Joie Morant
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature R. P. Price (M. D. or other)
Address Hutton Mo Date 12/21/45

1000079

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

14
1
2

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 2-5-46

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 Clyde C. Wiley.....

Licensed Embalmer No. 3820.....

P. O. Address Perry, 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.