S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1048

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 471

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 521 E. 16 St. 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Elvin W. Day
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Emma E. Day
6. (c) Age of husband or wife if alive: * years
7. Birth date of deceased: 5 (Month) 18 (Day) 1897 (Year)
8. AGE: Years 49 | Months 8 | Days 13 | If less than one day ____ hr. ____ min.
9. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Advertising Salesman
11. Industry or business:
FATHER 12. Name: Charles E. Day 0
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Flora E. West 0
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Flora Murphy
(b) Address: 521 East 16th. Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn
18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: Kansas City, Missouri
19. (a) 2-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 31 year: 1947 hour: 3 minute: A. M.
21. I hereby certify that I attended the deceased from Jan. 28 1947, to Jan. 31 1947; that I last saw him alive on Jan. 31 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary congestion and edema — Duration
Due to: bronchial pneumonia
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 107
Of autopsy: See above

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)
While at work? (e) Means of injury: 0
23. Signature: Wm. W. Hart, M.D. (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 1-31-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lamar

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address K. Cmo

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.