. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18199

Registration District No. 228 Primary Registration District No. 5808 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Bellflower (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery 70
(c) City or town Bellflower 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Eliza Ellen Day
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife William Day (Deceased)
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 5 (Month) 4 (Day) 1867 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	0	25	hr. min.

9. Birthplace Marion Co Kentucky /
(City, town, or county) (State or foreign country)
10. Usual occupation Ret Housewife
11. Industry or business General duties
FATHER
12. Name Chas H. Mullins /
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Ann Spires
15. Birthplace Kentucky /
(City, town, or county) (State or foreign country)
16. (a) Informant Silas day.
(b) Address Bellflower Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Union Chapel cem
18. (a) Signature of funeral director Oland A Jones
(b) Address Bellflower Mo
19. (a) 6-1-47 (Date received local registrar) (b) Mrs May Miller (Registrar's signature) 206

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29
year 1947 hour 2 minute A.M.
21. I hereby certify that I attended the deceased from ..... 1~~34~~ to MAY 29, 1947
that I last saw her alive on MAY 26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL THROMBOSIS -	1 Month
Due to CARDIO RENAL - VASCULAR DISEASE	20 YRS
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

935

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 2
23. Signature A. Van Arsdale (M. D. or other) D.O.
Address Montgomery City - Mo Date signed 5/30/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9.
District File Number
Date Filed JUN 11 1947

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

Me, Registered Apprentice No. 2973,

working under my personal supervision.

Signed Oland A. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.