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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

30249

State File No. _____

Registration District No. 171

Primary Registration District No. 5637

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Rural Clay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 Miles North Odessa
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 79 yrs. 8 mo. 5 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles North Odessa
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ambrose Armstrong Day
(b) If veteran name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 26
year 1948 hour 9:50 pm minute _____ M.
21. I hereby certify that I attended the deceased from Sept 24
1948 to Sept 26 1948
that I last saw him alive on Sept 26 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Whit
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Nettie Rankins alive _____ years
6. (c) Age of husband or wife if _____ years
7. Birth date of deceased Jan 1869
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Duration 5 yr
Due to Generalized arteriosclerosis Indefinite

8. AGE: Years 79 Months 8 Days 5 If less than one day _____ hr. _____ min.

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

9. Birthplace Wellington Mo
(City, town or county) (State or foreign country)
10. Usual occupation Farmer Retired

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Joseph Day
13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name Martha Armstrong
15. Birthplace Lexington Ky
(City, town, or county) (State or foreign country)

16. (a) Informant John G Day
(b) Address Madison Mo
17. (a) Burial (b) Date thereof Sept 29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenton

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 2

18. (a) Signature of funeral director Blinn & Sons
(b) Address Reliance Mo
19. Sept 29-1948 (Date received local registrar) (c) Letter Drummond (Registrar's signature) 153

23. Signature E. F. Slaughter (M. D. or other) Do
Address Odessa Mo Date signed 9/29/48

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

RECEIVED

District Health Officer No. 2,

District File Number _____

Date Recd. 10-14-48

10/14/48

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, Harvey Blunice

Licensed Embalmer No. 275-8

P. O. Address. Adessa 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.