N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9669
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson | Registration District No. 395
(b) Township Kaw | Primary Registration District No. 1002 | Registered No. 1134
(c) City Kansas city (d) Street No. 7239 Wabash St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Hallen E. Day 000
(a) Residence, No. 7239 Wabash St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry M. Day

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29 1844

7. AGE: Years 93 | Months 6 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) New York

FATHER
13. NAME Jeremiah Elliott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

MOTHER
15. MAIDEN NAME Mary Lavett
16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) New York

17. INFORMANT Mrs. N. A. McLaughlin (ADDRESS) 7239 Wabash

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Mar. 14 1938

19. FUNERAL DIRECTOR D. W. Newcomer's Sons (ADDRESS) Brushcreek & Paseo.

20. FILED Mar 13 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1935, to Mar. 8 1938
I last saw h. alive on Mar. 8 1938. Death is said to have occurred on the date stated above, at 11:55 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPOSTATIC PNEUMONIA	4 DAYS
111	

Other contributory causes of importance:
SENILITY
N M O

Name of operation 0 Date of
What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 0
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. C. Lunsford, M. D.
(Address) 6944 Oak

(Licensed Embalmer's Statement on Reverse Side)

Ja 4793
1-4

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Nell Carr

Licensed Embalmer No. 3976

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)