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

3251
Do not use this space.

1. PLACE OF DEATH

(a) County Osage 2 Registration District No. 639

(b) Township ..... Primary Registration District No. 8848 Registered No. .....

(c) City Chamois, Mo. (d) Street No. ..... 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. 55 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dora E. Day

(a) Residence, No. Chamois, Mo. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charley Day

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 14. 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	3	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) (STATE OR COUNTRY) Sedalia, Mo. 0

FATHER
13. NAME Samuel Pack 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknowen 5

MOTHER
15. MAIDEN NAME Margret Gleson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mabel Barrel Chamois, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City, Cemetery DATE Jan, 4, 1940, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Otto T. Stocksick Chamois Mo

20. FILED 1-3 1940 Esther Souder
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 2. 1940, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw her alive on ....., 19..... Death is said to have occurred on the date stated above, at 12-40 P.M

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:
Ulcer of stomach

Name of operation none Date of .....

What test confirmed diagnosis? cl + phy Was there an autopsy? no

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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm. O. McKnelly, M. D.
(Address) Chamois Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X14028

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, Otto T. Stocksick

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Otto T. Stocksick

Licensed Embalmer No. 1902

P. O. Address Chamois, 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, above space should be left blank.