

Registration District No. 677

Primary Registration District No. 4403 5901

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Shepherd

(b) City or town Rolla Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shepherd

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Adam Henry Day

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1940 hour 6 minute 520 a.m.

4. Sex m

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Day

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 16 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from apr 6 1940, to apr 13 1940 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>5</u>	<u>27</u>	hr. _____ min.

9. Birthplace Laurel Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Immediate cause of death Carcinoma of the Liver

Duration ?

Due to _____

Due to fb

MOTHER FATHER

11. Industry or business _____

12. Name George Day

13. Birthplace Lancaster Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Susan West

15. Birthplace Ind
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Sarah Day

(b) Address Rolla Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Camp Creek

18. (a) Signature of funeral director Hubert Edson

(b) Address Rolla Mo

19. (a) April 15, 1940 (b) for J. Myers
(Date received local registrar) (Registrar's signature)

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? 610

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. E. Fain M.D. (M. D. or other) _____

Address Rolla, Mo Date signed 4-13-40

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

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 *D. L. Muehl*

Licensed Embalmer No. 3397

P. O. Address Rolla 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.