No. 2
1-10-39
17-39
X21492

8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12734

State File No. _____

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 86

1. PLACE OF DEATH:

(a) County Vernon

(b) ~~City or town~~ Rural - Washington

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

(c) Name of hospital or institution: State Hosp # 3 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 yr 6 mos 6 da (Specify whether

In this community Same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper

(c) City or town Blackwater

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

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

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

3. (a) PRINT FULL NAME Herman A Day DDD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Mng

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov (Month) 16 (Day) 1907 (Year)

8. AGE: Years 32 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Unknown

FATHER
12. Name Henry L Day
13. Birthplace Unknown (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lizzie Esser
15. Birthplace Unknown (City, town, or county) Mo (State or foreign country)

16. (a) Informant State Hosp. Records #5

(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/40 (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director Stegner - Koenig

(b) Address Boonville Mo

19. (a) 3/12/1940 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11th year 1940 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Feb 22, 1940 to 3-11-, 1940 that I last saw him alive on 3-11-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis - bilateral	DK.
Due to —	
Due to —	
Other conditions Dementia Praecox (Include pregnancy within 3 months of death)	DK.

Major findings:
Of operations —
Of autopsy —

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? 70 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Thos A Hopkins (M. D. or other)

Address State Hosp. # 3 Date signed 3/11/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number H-40-289
Date Filed H-8-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.