FILED NOV 25 1940

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36692

Registration District No. 907 Primary Registration District No. 4548 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mansfield (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 D (Specify whether years, months or days)

In this community 76 yr 10 mo 24 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Mansfield (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 Delilah Frances Day

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased Nov. (Month) 18 (Day) 1863 (Year)

8. AGE: Years 76 Months 10 Days 24 If less than one day ____ hr. ____ min.

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

10. Usual occupation Household

11. Industry or business D

MOTHER FATHER

12. Name William F. Day

13. Birthplace Douglas Co. (City, town, or county) Missouri (State or foreign country)

14. Maiden name Dorothy B. Miller

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

16. (a) Informant Verba Pope

(b) Address Mansfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mansfield Cem.

18. (a) Signature of funeral director F. A. Steffen

(b) Address Mansfield

19. (a) Oct. 18 1940 (Date received local registrar) (b) J. M. D. Short (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12 year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 10, 1940, to Oct 12, 1940 that I last saw him alive on Oct 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to	
Due to	
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.

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? ____ (Specify type of place)

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

23. Signature J. A. Fuson (M. D. or other)

Address Mansfield Mo Date signed 10-13-40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6

District File Number 1140-2868

Date Filed NOV 14 1940

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 F. A. Steffe

Licensed Embalmer No. 322

P. O. Address Mansfield Mo

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

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