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LEO APR 28 1941

Registration District No. 26

Primary Registration District No. 3002

State File No. _____

Registrar's No. 44

1. PLACE OF DEATH:
 (a) County: Judson
 (b) City or town: Medina
 (c) Name of hospital or institution: Judson County Hospital
 (d) Length of stay: In hospital or institution: 16 days
 In this community: 16 days

3. (a) PRINT FULL NAME: JOHN W DAY

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

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

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

7. Birth date of deceased: 7 25 1865
 (Month) (Day) (Year)

8. AGE: Years: 75 Months: 7 Days: 16
 If less than one day: _____ hr. _____ min.

9. Birthplace: Judson Co Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

12. Name: William Day
 13. Birthplace: Virginia

14. Maiden name: Pauline Jones
 15. Birthplace: Kentucky

16. (a) Informant: Elmer Day
 (b) Address: Centralia Mo

17. (a) _____ (b) Date thereof: 2 12 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Centralia Mo

18. (a) Signature of funeral director: _____
 (b) Address: Centralia Mo

19. (a) March 12 1941 (b) Blanche Neely
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Judson (b) County: Montclair
 (c) City or town: P. O.
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A.: 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 11
 year: 1941 hour: 4 minute: P. M.

21. I hereby certify that I attended the deceased from _____ 1941 to _____ 1941
 that I last saw him alive on _____ 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocardia

Due to: _____

Due to: _____

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____

Of autopsy: _____

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature: _____ (M. D. or other) _____
 Address: Centralia Mo Date signed: 3/12/41

Duration: _____
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 4-41-761

Date Filed APR 14 1941 APR 14 1941

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 *M. J. McQuinn*

Licensed Embalmer No. 2589

P. O. Address *Crestview, Mo.*

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

If this body is not embalmed, fact should be so stated above.