

S. No. 2  
M-1-4-41  
y. 5-17-39  
P-1 X26390

2442

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 24 1942

Registration District No. 403

Primary Registration District No. 2557

Registrar's No. 1

48  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson Brookings Twp.

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

(c) Name of hospital or institution:  
59th & Blue Ridge Cut-off  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 48 Years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 59th & Blue Ridge Cut-off 8  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Jerry Clifton Day

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13  
year 1942 hour 2 minute 40A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Marilla Day 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased: September 4 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4  
1942 to Feb 13 1942

that I last saw him alive on 2-12-42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PNEUMONIA 1616  
24 hr

8. AGE: Years Months Days If less than one day

86 5 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to MINORAL HEART DISEASE  
SEVERELY DECOMPENSATED 24YR

Due to Cerebral Hemorrhage  
in 1933.

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

Other conditions Hypertension  
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings:  
Of operations 100

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business Samuel Day

12. Name Samuel Day

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

14. Maiden name Elizabeth Redick

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

16. (a) Informant Mrs Frank Collinge

(b) Address Kansas City # 2

17. (a) Burial (b) Date thereof Feb. 14, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

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? \_\_\_\_\_

18. (a) Signature of funeral director R. J. Huronius Sons.

(b) Address 1401 Brush Creek Blvd.

19. (a) Feb 13 42 (b) Mrs G. E. Sawyer  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed \_\_\_\_\_

*St. Laffoon  
Patterson, Bldg*

*Way*

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**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... *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *Kemo*

**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, fact should be so stated above.**