No. 2
-9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3849

Registration District No. 831 Primary Registration District No. 4503 Registrar's No. 12

2
2
0

**1. PLACE OF DEATH:**

(a) County Shelby

(b) City or town Shelbina Mo Tun
(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 One Year
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Shelby 102

(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME James Irvin Day

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Anna Downes Day

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

7. Birth date of deceased October (Month) 13th (Day) 1866 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 75 | 3 | 16 | hr. min. |

9. Birthplace LaPlata (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name James Day
13. Birthplace / (City, town, or county) Mississippi? (State or foreign country)

MOTHER
14. Maiden name Mary Anderson
15. Birthplace / (City, town, or county) Indiana. (State or foreign country)

16. (a) Informant B.I.Day
(b) Address Shelbina

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1st 42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Million & Barkeley
(b) Address Shelbina Mo.

19. (a) Feb 9 42 (Date received local registrar) (b) Madge Gooch (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 29th
year 1942 hour 3130 minute P. M.

21. I hereby certify that I attended the deceased from January 1, 1942, to Jan. 29, 1942
that I last saw him alive on January, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Petoris

Due to

Due to 94b

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

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) no

(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. Fromme (M. D. or other)

Address Shelbina, Mo. Date signed 3-4-42

1095

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-43-22
Date Filed FEB 12 1942

**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 Marvin E. Millican

Licensed Embalmer No. 3957

P. O. Address Shelbina, 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, fact should be so stated above.**