S. No. 2
1—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11321

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 89

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: ST Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ralls 087

(c) City or town New London Rural 0
(If outside city or town limits, write "RURAL") 0

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

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

3. (a) PRINT FULL NAME William Day

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife Maude

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Dec. (Month) 6 (Day) 1899 (Year)

8. AGE: Years 42 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Ralls County (City, town, or county) Mo (State or foreign country) U

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Chas. Day
13. Birthplace Ralls Co. (City, town, or county) Mo (State or foreign country) U

MOTHER
14. Maiden name Claudie Day
15. Birthplace Ralls Co. (City, town, or county) Mo (State or foreign country) U

16. (a) Informant Maude Day
(b) Address New London Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant View Cem. N.L.

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo

19. (a) 4-7-42 (Date received local registrar) (b) Robt. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1942 hour minute 4:05 P.M.

21. I hereby certify that I attended the deceased from 3-18 1942 to 3-25 1942 that I last saw him alive on 3-25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis

Due to

Due to

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

Major findings: Gangrene of leg
Of operations
Of autopsy 99.1

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)
(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 Dr. A. W. Fox (M. D. or other)
Address Hannibal Mo Date signed 4-4-42

1141

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.