

FILED MAY 14 1942
399

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1796

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 12 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. 1221 E. 11th 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Sarah Nannie Day

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles B. Day

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

7. Birth date of deceased: January 21 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	3	16	hr. min.

9. Birthplace Ezell, Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name George W. Ingfam

13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Frances Nichol

15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Chester B. Day

(b) Address 1114 Harris St.

17. (a) Removal (b) Date thereof 5-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parker, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 5-7-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1942 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 27 to May 7, 1942
that I last saw her alive on May 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 45 hours

Due to Hypertension + arteriosclerosis 830'

Due to Heart Stroke Attack 4/6/42

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy:

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?

While at work? (Specify type of place)

(e) Means of injury 0

23. Signature M. P. Roushman (M. D. or other) M.D.

Address 1103 Chandler K.C. Date signed 5/7/42

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

MOTHER FATHER

Prof. B. B. B. B.
No. 2646
1130-4

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: *George E. Korman*
Licensed Embalmer No. *481*
P. O. Address: *K. C. 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.