

FILED JUN 25 1942 89  
Registration District No. 89

Primary Registration District No. 3007

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**1. PLACE OF DEATH:**

(a) County Butler

(b) City or town Topol Bluff, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Arkansas (b) County Clay

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

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

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** DELMAR PERKINS DAY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife Bertha Day

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Aug 3 1877  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 17  
year 1942 hour 10 minute 7 P. M.

21. I hereby certify that I attended the deceased from May 16, 1942 to May 17, 1942  
that I last saw him alive on May 17, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral hemorrhage</u>	<u>5-15</u>
Due to <u>Hypertension</u>	<u>11-1941</u>
Due to <u>Chronic Nephritis</u>	<u>5-1941</u>
Other conditions <small>(Include pregnancy within 3 months of death)</small>	
Major findings: Of operations _____	PHYSICIAN  <u>1318</u>  Underline the cause to which death should be charged statistically
Of autopsy _____	

**8. AGE:**

Years	Months	Days	If less than one day
<u>69</u>	<u>9</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace North Vernon Ind!  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Isaac Day

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

14. Maiden name Hannah Deville

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

16. (a) Informant's own signature L. O. Day

(b) Address 33 Fenwick St. Belleville Ill

17. (a) Removal (b) Date thereof 5-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richwood Cemetery

18. (a) Signature of funeral director H. H. Jolly

(b) Address Canning, Ark.

19. (a) 5-19-42 (b) W. L. Brandon  
(Date received local registrar) (Registrar's signature)

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 place) (e) Means of injury \_\_\_\_\_

23. Signature W. L. Brandon (M. D. or other) M. D.  
Address Poplar Bluff, Missouri Date signed 5-26

50M-517-39  
Rev. 5-17-39  
GPO: 1951

RECEIVED

District Health Office No. 2,

District File Number 642-777

Date Filed JUN 18 1942

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**