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ev. 5-17-39  
I X29484

21450

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 242

FILED JUL 10 1942  
Registration District No. 441

Primary Registration District No. 2002

49  
58  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution:  
508 Porter Avenue  
(d) Length of stay: In hospital or institution 18 Years  
In this community 18 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 508 Porter  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CARL NORTON DAY  
(b) If veteran, name war None  
(c) Social Security No. 491-01-1247

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 9  
year '42 hour 8:00 minute 0 M.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rhoena Day  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased March 9, 1884

21. I hereby certify that I attended the deceased from 19... to 19...  
that I last saw him Did not see him alive  
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 3 Days 0  
If less than one day hr. min.

Immediate cause of death: Coronary occlusion

9. Birthplace Marshfield, Missouri

Due to 94a  
Other conditions:  
Major findings:  
Of operations:  
Of autopsy:

10. Usual occupation Bookkeeper  
11. Industry or business Eagle-Richer Lead, Co.

MOTHER FATHER  
12. Name John E. Day  
13. Birthplace Marshfield, Missouri  
14. Maiden name MARY E. Lowder  
15. Birthplace Marshfield, Missouri

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

16. (a) Informant Mrs. Rhoena Day  
(b) Address 508 Porter Joplin, Mo.

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

17. (a) Removal (b) Date thereof June 11, 1942  
(c) Place: burial or cremation Pittsburg, Kansas

23. Signature R.A. Webster (M. D. or other)  
Address Carthage, Mo Date signed June 10

18. (a) Signature of funeral director Thornhill-Dillon Mort.  
(b) Address Joplin, Mo.  
19. (a) 6-11-42 (b) Gertrude S. Schaeffer  
(Date received local registrar) (Registrar's Signature)

1204 (Licensed Embalmer's Statement on Reverse Side)

42

540

3898

115

**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..... *David Hillow* .....

Licensed Embalmer No..... *3898* .....

P. O. Address..... *Joplin, 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.**