

FILED AUG 14 1942 STANDARD CERTIFICATE OF DEATH

State File No. 24306

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 505

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CO. JAIL 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene ³⁹⁰⁰
(c) City or town Rural R. 7. S. # 6 Compbell
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY HERSHEL DAY

3. (b) If veteran, name war NONE 3. (c) Social Security No. None

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if _____

7. Birth date of deceased March 19 1900
(Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Christian Co. Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Laboring

12. Name Matt J. Day

13. Birthplace Stone Sp. Mo. U
(City, town, or county) (State or foreign country)

14. Maiden name Christina Brunley

15. Birthplace Christian Co. Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Allen Day

(b) Address R. 7. S. # 6 Springfield, Mo.

17. (a) Burial (b) Date thereof July 9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prospect Cem.

18. (a) Signature of funeral director J. H. Klingner & Co.
(b) Address Springfield, Mo.

19. (a) July 7, 1942 (b) J. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1942 hour _____ minute 00 P M.

21. I hereby certify that I attended the deceased from June 30 1942 to July 6 1942

that I last saw him alive on July 6 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____
Chronic

Due to _____

Due to _____

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature James R. Amos (M. D. or other) _____

Address Springfield, Mo. Date signed 7-7-42

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.....

May Rhodes

Licensed Embalmer No.....

P. O. Address.....

*4021
Spiced*

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.