V. S. No. 2
0M—9-4-41
ev. 5-17-39
I X29484

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

AUG 24 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27276

Registration District No. 389 Primary Registration District No. 5544 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Howell 46

(b) City or town Brandsville S. Fork. Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 15 Years - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell 46

(c) City or town Brandsville 0 (If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Elizabeth Day

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fe 1

5. Color or race W

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Benjamin Franklin Day

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May (Month) 12 (Day) 1870 (Year)

8. AGE: Years 72 Months 1 Days — If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Rufus Cearley
13. Birthplace (City, town, or county) Ga. 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ethel Morrison

(b) Address Brandsville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-42 (Month) (Day) (Year)

(c) Place: burial or cremation Lampston

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer Mo.

19. (a) 7-18-42 (Date received local registrar) (b) Gail Harlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12 year 1942 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

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 June 12 - 42

(c) Where did injury occur? Brandsville Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place)

While at work? Yes (e) Means of injury Heart

23. Signature John F. Amman (M.D.) Coroner

Address Mtn View Mo. Date signed 6/16-42

1125 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 742604
Date Filed 8-19-42

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. ~~2852~~, working under my personal supervision.

Signed .....

Licensed Embalmer No. 2852

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, fact should be so stated above.