

FILED NOV 11 1942

Primary Registration District No. 5034

Registrar's No. ....

1. PLACE OF DEATH

(a) County Audrain

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

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

(d) Length of stay: In hospital or institution: 33 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain

(c) City or town Rural  
(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 NOAH FLETCHER DAY

3. (b) If veteran, name war: -

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1942 hour 7 minute 30 P. M.

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife Ave Elizabeth Day

6. (c) Age of husband or wife if alive 25 years (Month) (Day) (Year) March 25 1869

7. Birth date of deceased

21. I hereby certify that I attended the deceased from May 15, 1942, to Oct 15-1942, 1942; that I last saw him alive on May 15, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 6 Days 20 If less than one day hr. min.

Immediate cause of death: Hypostatic Lobar Pneumonia 3-Days

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

Due to Hypertension and possible cancer of stomach 6-Month

10. Usual occupation Farming

Due to 46 ft

11. Industry or business Farming

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy None

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

12. Name Exp of Duty

13. Birthplace Indiana

14. Maiden name Clara Clark

15. Birthplace Indiana

16. (a) Informant Mrs Jesse Barrett

(b) Address Laddonia Mo.

17. (a) Buried (Burial, cremation, or removal)

(b) Date thereof Oct 17-42 (Month) (Day) (Year)

(c) Place: burial or cremation Laddonia Mo.

18. (a) Signature of funeral director H. J. Pranger

(b) Address Laddonia Mo.

19. (a) 10-15-42 (Date received local registrar)

(b) J. W. Wether (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 of place) (2) Means of injury .....

23. Signature W. K. McCall (M. D. or other)

Address Laddonia Mo. Date signed 10-16-42

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-42-1990

Date Filed NOV - 9 1942

*Quarantine*

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.....

*H. G. Grainger*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*H. G. Grainger*

Licensed Embalmer No. 1297

P. O. Address Laddonia, 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.