

Registration District No. 52

Primary Registration District No. 3009

Registrar's No. 13

1. PLACE OF DEATH:

(a) County. CAPEGINA IDEAU
(b) City or town. JACKSON
(c) Name of hospital or institution: (If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cape Girardeau
(c) City or town. JACKSON (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME. IDA DAY

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex. F 5. Color or race. W 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased. November 17 1872 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation. Nursing

11. Industry or business.

MOTHER FATHER { 12. Name. Isaac Day 13. Birthplace. Tennessee (City, town, or county) (State or foreign country) 14. Maiden name. Jane Sartorius 15. Birthplace. Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant. Ella Brownrigg (b) Address. JACKSON MO

17. (a) Burial (b) Date thereof. 3 16 1943 (Month) (Day) (Year) (c) Place: burial or cremation. OARIDGE MO

18. (a) Signature of funeral director. William Stathis-Seabough (b) Address. JACKSON MO

19. (a) 3/16 1943 (b) J. W. Newsham (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. March day. 17 - year. 1943 hour. 9 minute. 30 A.M.

21. I hereby certify that I attended the deceased from Dec 12 1942 to March 15 1943 that I last saw him alive on March 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial infarction

Due to.

Due to.

Other conditions. Anterior delirium (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

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. J. W. Newsham (M. D. or other) Address. JACKSON MO Date signed. 3-16-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16
2
1

1116

16
2

RECEIVED

District Health Officer No. 4

District File Number 443-2011

Date Filed 4-7-43

DEC 7 1943

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.