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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13125

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1979

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GENERAL HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks (Specify whether
In this community TWO WEEKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER 27
(c) City or town BLACKWATER 0
(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 LOUIS DAY
3. (b) If veteran, name war SPANISH-AMERICAN 3. (c) Social Security No. none
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELIZABETH DAY 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased JULY (Month) 8 (Day) 1875 (Year)

8. AGE: Years 67 Months 9 Days 18 If less than one day hr. min.

9. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FUNERAL DIRECTOR ASS'T
11. Industry or business FUNERAL HOME
FATHER
12. Name ADAM DAY
13. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)
MOTHER
14. Maiden name MARY MARTIN
15. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)
16. (a) Informant WILLIAM DAY
(b) Address BOONVILLE, MISSOURI
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 4/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation BOONVILLE, MISSOURI
18. (a) Signature of funeral director EYLAR FUNERAL HOME
(b) Address KANSAS CITY, MO.
19. (a) 4-27-43 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26th year 1943 hour 10:15 minute P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h Deputy Coroner, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Injury By Fall
Due to Skull Fracture
Due to Sub dural hematoma
Other conditions (Include pregnancy within 3 months of death) 1860
Major findings:
Of operations
Of autopsy See Above

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) Accident 123
(b) Date of occurrence April 26, 1943
(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Funeral Home (Specify type of place)
While at work? Yes (e) Means of injury Trauma
23. Signature A E Ussher (M. D. or other) M.D.
Address 23rd McCoy Date signed 4/27/43

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1948

MAY 20 1948

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 Chas Wilkes

Licensed Embalmer No. 2644

P. O. Address 1500 Linwood

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.