S. No. 2
M—5-42
v. 5-17-39
I X32673

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14043

State File No.

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 246

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 88 days (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: St. Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: 2641 "A" Scott St., St. Louis, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: James Day

3. (b) If veteran, name war: World War

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: Colored

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

6. (b) Name of husband or wife: X

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

7. Birth date of deceased: April (Month) 25, (Day) 1918 (Year)

8. AGE: Years 24 Months 11 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace: England, Arkansas (City, town, or county) / (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Unknown

FATHER
12. Name: Sam Day
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Mary X
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Hospital Records, Veterans' Administration, Excelsior Spgs., Mo.
(b) Address:

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Louis, Mo.

18. (a) Signature of funeral director: Claude Prichard
(b) Address: Excelsior Springs, Mo.

19. (a) 4-4-43 (Date received local registrar) (b) Mrs Leslie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd year 1943 hour 8:20 PM minute ____ M.

21. I hereby certify that I attended the deceased from 1-5-43, 19__, to 4-3-43, 19__; that I last saw him alive on 4-3-43, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, Pulm., Chronic, F.A., Active	?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 13	
Major findings: Of operations:	
Of autopsy: No	

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): X
(b) Date of occurrence: XX
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)
While at work? X (e) Means of injury: X

23. Signature: Chas J Hufnagel (M. D. or other)
Chas. J. Hufnagel
Address: Excelsior Springs, Mo. Date signed 4/4/43

1146 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 8-3-43

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 Robert Ray
Licensed Embalmer No. 4182
P. O. Address Excelsior Springs, 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.