

ED NOV 12 1943

Registration District No. 178

Primary Registration District No. 4285

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Lewistown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 056
(c) City or town Lewistown 0
(If outside city or town limits, write "RURAL") 0
(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 Thomas Mazie Day.

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

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed 2

6. (b) Name of husband or wife Dora E. Day
6. (c) Age of husband or wife if alive years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Adair County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Peter Day

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hanners

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant James B Day

(b) Address Lewistown Missouri

17. (a) Burial (b) Date thereof Oct. 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewistown Mo.

18. (a) Signature of funeral director James Alodis

(b) Address Lewistown, Missouri

19. (a) Oct. 7, 1943 (b) P.W. Jenning M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 15 1943 to Oct 6 1943
that I last saw him alive on Oct 6 and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Failure
Pneumonia
& Hypostatic pneumonia
Due to: Pneumonia
Due to: Hypostatic pneumonia

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 932
Of autopsy

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
(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) (c) Means of injury

23. Signature P.W. Jenning M.D. Date signed Oct 7, 1943
Address Lewistown Mo

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

MOTHER FATHER

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 Myself
....., Registered Apprentice No.
working under my personal supervision.

Signed James A. Coder
Licensed Embalmer No. 2532
P. O. Address Luxistown, 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.