

No. 2
-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38120
Registrar's No. 72

LED DEC 4 1943

Registration District No. 101

Primary Registration District No. 5-39-34173

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

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava ~~Beaton~~
(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 _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Esley Day
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed 2
6. (b) Name of husband or wife Ed Day
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 28 1884
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>59</u> | <u>6</u> | <u>22</u> | _____ hr. _____ min. |

9. Birthplace Trail, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Homemaker

11. Industry or business _____
12. Name William Petrick
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Helan Martin
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Sanders
(b) Address Ava, Missouri
17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 10-24-43
(Month) (Day) (Year)
(c) Place: burial or cremation Ava
18. (a) Signature of funeral director Chick Richards
(b) Address Ava, Mo.
19. (a) 11-1-43 (b) Mrs. J. P. Spurlock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas
(c) City or town Ava
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 20
year 1943 hour 8 minute _____ P. M.
21. I hereby certify that I attended the deceased from _____ 19 _____ to Oct 20 1943 19 _____
that I last saw h. _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Stroke by moving truck
Accidentally
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1700
Major findings: _____
Of operations _____
Of autopsy _____
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
(b) Date of occurrence Oct 20 1943
(c) Where did injury occur? Ava Douglas MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Public Highway
While at work? No (Specify type of place) (e) Means of injury hit by truck
23. Signature AM Norman (M. D. or other) _____
Address Ava Mo Date signed Oct 22 1943

1056 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;

District File Number 1143-1228

Date Filed NOV 30 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 W B Hutchinson

Licensed Embalmer No. 3431

P. O. Address Over Hill

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.