

FILED JAN 12 1944

Registration District No. 224

Primary Registration District No. 372

Registrar's No. 236

1. PLACE OF DEATH:  
(a) County Saline  
(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
772 So. Odell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community All her life years, months or days)

3. (a) PRINT FULL NAME Carol Leone Day  
3. (b) If veteran, name war # \_\_\_\_\_ 3. (c) Social Security No. # \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Infant  
6. (b) Name of husband or wife # \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 11 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 II \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Infant

11. Industry or business !! !!

MOTHER FATHER { 12. Name Leon Day  
13. Birthplace Marshall, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Eleanor R. Standley  
15. Birthplace Carrollton, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Leon Day  
(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Dec. 28, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Surrency  
(b) Address Woodhall Ave  
19. (a) 12-28-43 (b) ma [unclear]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. 772 So. Odell  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 -  
year 43 hour 7 minute 19 M.  
21. I hereby certify that I attended the deceased from Aug 11, 1943 to Dec 27, 1943  
that I last saw her alive on Dec 27, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Hydrocephalus  
Syria bifida

Duration  
4 1/2 hours  
4 1/2 "

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
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?  
(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
23. Signature M. R. [unclear] (M. D. or other)  
Address Marshall, Mo Date signed 12-29-43

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-10-47

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..... *J. Leslie Perry* .....

Licensed Embalmer No. *32350* .....

P. O. Address..... *Marshall, Va.* .....

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.

*Handwritten notes and signatures at the bottom of the page.*