

FILED FEB 13 1945

Registration District No. 127

Primary Registration District No. 4256

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5th & Lexington Sts.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether
 In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
 (c) City or town Holden
(If outside city or town limits, write "RURAL")
 (d) Street No. 5th & Lexington
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country XXXX

3. (a) PRINT FULL NAME ELI CARROLL DAY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Fluma Rosella Day 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased April 18 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 3 If less than one day hr. min.

9. Birthplace unknown Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business same

MOTHER FATHER { 12. Name Charles Day
 { 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 { 14. Maiden name unknown
 { 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ira S. Day
 (b) Address Holden, Missouri

17. (a) Burial (b) Date thereof 1/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation L.D.S. Cemetery

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) 1-21-45 (b) Kathryn S. Canaday
(Date received local registrar) (registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
 year 1945 hour 8:15 minute P M.

21. I hereby certify that I attended the deceased from December
19, 1944, to Jan. 21, 1945,
 that I last saw him alive on Jan. 20, 1945,
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis

Due to Chronic Myocarditis

Due to Proximal Pneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/21
 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) _____
 (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 Amos H. ... (M. D. or other) _____
 Address Holden Date signed 1-21-45

1002

(Licensed Embalmer's Statement on Reverse Side)

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

51
1
0

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... *Samuel B. Rapp*
Licensed Embalmer No. *4044*
P. O. Address... *Holden, 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.