

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1945
Registration District No. 245

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20921

State File No. _____

Primary Registration District No. 3047

Registrar's No. 67

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community about five year.
years, months or days)

3. (a) PRINT FULL NAME Basil Earnest Day.
(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
7. (b) Name of husband or wife WIFE 6. (c) Age of husband or wife if alive 39 years
FRADA WILSON DAY
8. Birth date of deceased Pinckneyville, Ill.
(Month) (Day) (Year)
Nov 3 1904

8. AGE: Years Months Days If less than one day
40 6 11 hr. min.

9. Birthplace Pinckneyville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Meat Cutter & Cook

11. Industry or business Restaurant

MOTHER FATHER { 12. Name Lewis Bennaman Day
13. Birthplace Pinckneyville Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Blara Corpha Day
15. Birthplace South West City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie Day
(b) Address Neosho Mo

17. (a) Burial (b) Date thereof 6-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2005 Cemetery Neosho

18. (a) Signature of funeral director Richard Montgomery

(b) Address 200 E Spring Neosho Mo

19. (a) 6-20-1945 (b) body ofompson
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1945 hour 7 minute 15AM

21. I hereby certify that I attended the deceased from 9-1- 1944 to June 14 1945
that I last saw him alive on June 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertrophy of liver
Acute Nephritis

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 1316
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? _____ (e) Means of injury _____

23. Signature Paul C Davis (M. D. or other) MD
Address Neosho Mo Date signed 6/15/45

MAR 29 1945

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.

RECEIVED

JUL 3 1945

Signed

J. H. Moffat

District Health Officer No. ~~XXXXXXXXXXXX~~

District File Number 645-103

Date Filed JUL 3 1945

Licensed Embalmer No. 2796

P. O. Address. Maucha, 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.