

FILED FEB 28 1946

Registration District No. _____

Primary Registration District No. 5276

1. PLACE OF DEATH:

(a) County Black
(b) City or town Rural Folker Twp
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Black
(c) City or town Rural Folker Twp
(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 Jan. day 19th
year 1946 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina
Pectoris
Coronary heart
disease
Due to _____
Due to _____

Duration _____

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

Major findings:
Of operations _____
Of autopsy 940

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 _____ (Specify type of place)
(c) Means of injury 2
23. Signature Perry S. Boston (M.D. or other) Do
Address R. Ashmo Date signed 1-21-46

3. (a) PRINT FULL NAME George O'Day

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beatha Evans 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept. 26 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Black Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Michael O'Day

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

14. Maiden name Affrona Harpok

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

16. (a) Informant Mrs George O'Day

(b) Address Luddy Mo.

17. (a) Burial (b) Date thereof 1-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chamberlayne Cem.

18. (a) Signature of funeral director J. Harke

(b) Address R. Ashmo Mo.

19. (a) 2/3-46 (b) J. R. Bridges
(Date received local registrar) (Registrar's signature)

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

303

3954

RECEIVED

District Health Officer No. 10

District File Number 2-46-239

Date Filed FEB. 25 1946

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.....

F. J. Karle

Licensed Embalmer No. 1023

P. O. Address. Kokomo 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.