No. 2
1—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6545

Registration District No. 235 Primary Registration District No. 5-8-17-4350 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Morgan
(b) City or town Syracuse
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - - - - - - (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan 71
(c) City or town Syracuse 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME Sophia Day
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Day
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 24 (Day) 1856 (Year)
8. AGE: Years 89 Months 7 Days 13 If less than one day hr. min.
9. Birthplace Morgan County, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
MOTHER FATHER
12. Name Ben Krensel
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Anna Papen
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant George Day
(b) Address Syracuse Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation Syracuse Mo
18. (a) Signature of funeral director Jennie E. Richards
(b) Address Tipton Mo
19. (a) 2-8-46 (Date received local registrar) (b) Mildred T. Parsons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th year 1946 hour 1 minute 45 P M.
21. I hereby certify that I attended the deceased from 1/21, 1946, to 2/5, 1946; that I last saw her alive on 2/5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cardiac deficiency
Due to senility
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 3
Of autopsy 950

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 0
23. Signature J. F. Potts (M. D. or other) MD
Address Tipton Mo Date signed 2/11/46

(Licensed Embalmer's Statement on Reverse Side)

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~~ Me

, Registered Apprentice No.

working under my personal supervision.

Signed Janice E Richards

Licensed Embalmer No. 2466

P. O. Address Tipton 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.