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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12137

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 262 A

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1107 St Louis St (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 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Phillipsburg (If outside city or town limits, write "RURAL") 6
(d) Street No. ____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country ____

3. (a) PRINT FULL NAME Janice Ilene Day
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Oct. (Month) 7 (Day) 1947 (Year)
8. AGE: Years — Months 5 Days 20 If less than one day ____ hr. ____ min.
9. Birthplace Lebanon Mo. (City, town, or county) 1 (State or foreign country) 0
10. Usual occupation Infant
11. Industry or business ____
MOTHER FATHER
12. Name Ralph E. Day
13. Birthplace Phillipsburg Mo. (City, town, or county) 0 (State or foreign country)
14. Maiden name Geneva M. Bishop
15. Birthplace Conway Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Ralph E. Day
(b) Address Phillipsburg Mo.
17. (a) Removal & burial (Burial, cremation, or removal) (b) Date thereof 3-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lonesome Hill
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.
19. (a) 3-30-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1948 hour 6 minute 35 A.M.
21. I hereby certify that I attended the deceased from 3-26, 1948 to 3-27, 1948 that I last saw her alive on 3-27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	2 wk
Due to: Congen. Malformation	
Due to: Heart.	
Other conditions (Includes 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? ____ (e) Means of injury ____
23. Signature Carl Busch (M. D. or other)
Address Springfield Mo Date signed 3-29-48

(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 No Embalming, Registered Apprentice No._____, working under my personal supervision.

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.