

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12361  
Registrar's No. 83

Registration District No. 141

Primary Registration District No. 5552

1. PLACE OF DEATH:  
(a) County Howell  
(b) City or town Brandsville  
(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 65 years (Specify whether  
years, months or days)

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

3. (a) PRINT FULL NAME Benjamin Franklin Day  
3. (b) If veteran, name war --  
3. (c) Social Security No. --

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary E. Day  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 22 1870  
(Month) (Day) (Year)  
8. AGE: Years 78 Months 1 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Union County Georgia  
(City, town, or county) (State or foreign country)  
10. Usual occupation Domestic

11. Industry or business  
12. Name Henry Day  
13. Birthplace Georgia  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ingram  
15. Birthplace Georgia  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Morrison  
(b) Address Brandsville, Mo.  
17. (a) Burial (b) Date thereof 3/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Langston Cem.  
18. (a) Signature of funeral director Thayer, Mo.  
(b) Address Thayer, Mo.  
19. (a) 4-20-48 (b) Beatrice Cook  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 11  
year 1948 hour 7 minute 00 A. M.  
21. I hereby certify that I attended the deceased from Sept 11 1948  
to March 11 1948  
that I last saw him alive on March 11 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death hypertension heart disease chronic hepatitis  
Due to arteriosclerosis  
Due to Senility  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 737B  
Of autopsy \_\_\_\_\_

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)  
(e) Means of injury \_\_\_\_\_  
23. Signature Thayer (M. D. or other) MD  
Address Thayer Mo Date signed 4-9-48

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

16  
0  
0

46  
0  
0

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**RECEIVED**

District Health Officer No. B,

District File Number

548294

Date Filed

5.8.48

---

---

**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.....

..... Licensed Embalmer No. ....

..... P. O. Address.....

**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.**