S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 30 1948

Registration District No. 164

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26848

Primary Registration District No. 3032

Registrar's No. 89

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 213 W North
(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: 70 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson
(c) City or town: Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No.: 213 W. North St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Manson Loveludt Day.
3. (b) If veteran, name war: no
3. (c) Social Security No.: x

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: May Day
6. (c) Age of husband or wife if alive: 86 years
7. Birth date of deceased: Oct. 16 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	10	26	..... hr. ..... min.

9. Birthplace: Johnson Co Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Barber
11. Industry or business .....

FATHER
12. Name: Wm. Day
13. Birthplace: Kentuckey (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Nancy Jane Trapp
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. May Day
(b) Address: 213 West Gay St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Hill
18. (a) Signature of funeral director: Sweeney Phillips
(b) Address: Warrensburg Mo.
19. (a) Aug 14, 1948 (Date received by local registrar) (b) Rosamund Cantlefield (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 12 year: 1948 hour: 7 minute: 10 P.M.
21. I hereby certify that I attended the deceased from March 10 1948, to Aug 12 1948; that I last saw him alive on Aug 12 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal uremia	Duration: 3 days
Uremia obstruction due to	
Due to: Enlargement of prostate	
Due to: senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 1970
Of autopsy:

PHYSICIAN — Underline the cause of 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: [illegible] (M. D. or other)
Address: Warrensburg Mo. Date signed: 8/14/48

Jefferson City Printing Co.

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

Signed J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.