

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5217

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 146 | | PRIMARY REG. DIST. NO. 3026 | | Registrar's No. 76 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY Jackson | | | | a. STATE Missouri | | b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3, Rural. Blue | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium | | | | d. STREET ADDRESS (If rural, give location) 1114 Harris | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Chester | | b. (Middle) Bryan | | c. (Last) Day | |
| 4. DATE OF DEATH | | (Month) (Day) (Year) | | Mar. 1, 1949 | | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 16, 1896 | |
| 9. AGE (In years last birthday) 52 | | IF UNDER 1 YEAR Months Days | | IF UNDER 2 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman | | 10b. KIND OF BUSINESS OR INDUSTRY Self employed | | 11. BIRTHPLACE (State or foreign country) Lynn County, Kans | | 12. CITIZEN OF WHAT COUNTRY? American | |
| 13a. FATHER'S NAME Chas. B. Day | | 13b. MOTHER'S MAIDEN NAME Nannie Ingram | | 14. NAME OF HUSBAND OR WIFE May Myrtle Day | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. May Myrtle Day, Kansas City 3, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Sclerosis DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Deputy Coroner | | | | 20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____, from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE A. E. Harker | | 23b. ADDRESS 7700 Main | | 23c. DATE SIGNED 3/3/49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3/3/49 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem. | | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. | |
| DATE REC'D BY LOCAL REG. Mar. 2-1949 | | REGISTRAR'S SIGNATURE [Signature] | | 35425 FUNERAL DIRECTOR'S SIGNATURE Geo. B. Carson | | ADDRESS Independence, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Tom D. Markland

Signed _____

Student Embalmer

Licensed Embalmer No. 4592

P. O. Address Indep 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.