FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8328

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1304

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3

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In Ambulance en route to St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: OHIO
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBUS 8340
d. STREET ADDRESS (If rural, give location): 1484 BELMONT AVE.

3. NAME OF DECEASED (Type or Print)
a. (First) Hospital CORA
b. (Middle) KC, Mo. E.
c. (Last) DAY

4. DATE OF DEATH (Month) (Day) (Year): 3- 19- 52

5. SEX: F
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 2-9-19
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Consultant
10b. KIND OF BUSINESS OR INDUSTRY: BOOKS
11. BIRTHPLACE (City and State or Foreign Country): OHIO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: J.E. DAY
13b. MOTHER'S MAIDEN NAME: FRANCES LEECH
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. J. E. DAY 1484 BELMONT AVE

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Rt Wrist Arm

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Ankle Laceration Calf

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: E 8164 26

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Last Refused
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-19-52 5 P m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Two Car Collision

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh H. Owens — Hugh H. Owens Coroner
23b. ADDRESS: 1084 Rialto Bldg
23c. DATE SIGNED: 3-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 3-20-52
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): COLUMBUS, OHIO

DATE REC'D BY LOCAL REG.: 3-20-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STINE & MC CLURE K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Cons by all

5

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.

Student .....
Student Embalmer

Signed Lou Clark

Licensed Embalmer No. 4216

P. O. Address R. 6, Me.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. [illegible]

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1304

On this 5th. day of June, 1952 before me appears Hugh H. Owens, who, upon his oath, states that the original record of ~~birth~~ death for Cora E. Day, died ~~xxx~~ March 19, 1952, in the State of Missouri, and which was filed at Kansas City, Missouri on March 20, 1952, should be corrected as follows:

Item No. 21e. should read While At Work
Instead of Not While At Work

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Hugh H Owens Coroner
Relationship none

1034 Rialto Bldg., Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 5 day of June, 1952

My Commission expires My Commission Expires May 20, 1956 Dorothy F Hauser Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

...n V. S. 135
...M—4-43
...I X36667