

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Call updated
DEC'D MAR 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. Glynson
6760
Do not use this space.

1. PLACE OF DEATH
 (a) County Greene Registration District No. 315
 (b) Township Springfield Mo. Primary Registration District No. 2007 Registered No. 119
 (c) City Springfield Mo. Street No. Baptist Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Allie Mae Daniel 235
 (a) Residence, No. 524 W. Lynn St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Homer McDaniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1891

7. AGE YEARS 46 MONTHS 4 DAYS 29 IF LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER
 13. NAME John C. Baker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Lillie Stutzman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Homer McDaniel
524 W. Lynn

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park Date Feb. 10, 1938

19. FUNERAL DIRECTOR (ADDRESS) Alma Fabmeyer
Springfield, Mo.

20. FILED Feb 8, 1938 Chas. C. George, Jr.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938, to Jan 6, 1938
 I last saw her alive on Jan 6, 1938 Death is said to have occurred on the date stated above, at 6:55 a.m.
 The principal cause of death and related causes of importance were as follows:
General Peritonitis Date of onset 7/2

Other contributory causes of importance:
Gaugrenous Appendicitis 7/1/38
Hyperthyroidism 7/2/38

Name of operation Appendectomy Date of 7/2/38
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Robert Glynson, M. D.
 (Signed) Robert Glynson (Address) Springfield

STATEMENT BY LICENSED EMBALMER

I, Alma Schmeyer, Licensed Embalmer No. 2790

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)