

REC'D JUL 15 1938

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

22572  
Do not fill this space.

1. PLACE OF DEATH

(a) County Osage Registration District No. 642  
(b) Township \_\_\_\_\_ Primary Registration District No. 5-857 Registered No. 8  
(c) City Westphalia (d) Street No. 4286  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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 Mrs. Eleanor Jane McDaniel

(a) Residence, No. Westphalia, Missouri St. 57 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
91 6 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At 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) Longwood, Mo.

FATHER 13. NAME Jasper Wood  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Chas. P. Heinrichs  
Westphalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belton, Mo. DATE June 25, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs  
Jefferson City, Mo.

20. FILED June 27, 1938 May R. Player Local Registrar. 573

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 10th 1938, to June 23, 1938  
I last saw him alive on June 23, 1938. Death is said to have occurred on the date stated above, at 9:00 P.M.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Cerebral Thrombosis  
Hemiplegia  
Cystitis, & Senility  
Other contributory causes of importance:  
58-13-

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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 \_\_\_\_\_  
(Signed) Charles S. Verhoff, M. D.  
Westphalia, Mo. (Address)

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.

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,

John F. Heinrichs

or by

Registered Apprentice No. \_\_\_\_\_ working under my personal supervision:

Signed:

*John F. Heinrichs*

Licensed Embalmer No. 3655

P. O. Address *Jefferson City, 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, above space should be left blank.