

REC'D AUG 24 1938 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Dr. Robert Williams
 25393
 Do not use this space.

1. PLACE OF DEATH
 (a) County Greene Registration District No. 316
 (b) Township S. 1 Primary Registration District No. 5440
 (c) City Springfield, Mo. (d) Street No. Scampbell St. Rt 3 Registered No. 521
 (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 George DeWitt McDaniel 935
 (a) Residence, No. S. Scampbell St. Rt 3 St. (If nonresident, give city or town and State) R#3
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Gertrude (Dec)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8 - 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 73 7 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retd. Banker
 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) Greene County Missouri
 FATHER 13. NAME Jasper McDaniel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina
 MOTHER 15. MAIDEN NAME Emma Cwans
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina
 17. INFORMANT (ADDRESS) Mrs. Elizabeth Deitrick Springfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wagelwood DATE July 5 - 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin Lehman Springfield, Mo.
 20. FILED July 15, 1938 Chas. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 - 1938
 22. I HEREBY CERTIFY, that I attended deceased from Jan. 27 1935 to July 2 1938
 I first saw him alive on July 2 1938 Death is said to have occurred on the date stated above, at 10:25 P.M.
 The principal cause of death and related causes of importance were as follows:
Diabetes
59
 Other contributory causes of importance:
Age
 Name of operation None 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 None
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Robert Williams, M. D.
Springfield, Mo.

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.

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.