

MAR 17 1939

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

7144

Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 538
(b) Township St. Michael Primary Registration District No. 5723 Registered No. 19
(c) City (d) Street No. 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

Celeste J. McDaniel
(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1862
7. AGE YEARS 76 MONTHS 7 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Madison County
(STATE OR COUNTRY) Missouri

13. NAME John Cole
14. BIRTHPLACE (CITY OR TOWN) Washington Co.
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Cole
16. BIRTHPLACE (CITY OR TOWN) Madison Co.
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Mary B. Pratt
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredericktown DATE Feb 26, 1939

19. FUNERAL DIRECTOR (NAME) E. J. Webb
(ADDRESS) Fredericktown, Mo.

20. FILED Feb 25, 1939 S. C. S. Caraher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1939, to Feb 24, 1939
I last saw her alive on Feb 23, 1939. Death is said to have occurred on the date stated above, at 2:25 PM.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Feb 18, 1939

Other contributory causes of importance: 11th
La Grippe Feb 14, 1939

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? N

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?
If so, specify
(Signed) S. C. S. Caraher, M. D.

(Address) Fredericktown Mo.



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,

Ed. H. Webb

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Ed. H. Webb*

Licensed Embalmer No. *731*

P. O. Address *Fredericktown, 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.