

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

38926
Do not use this space.

DEC 11 1939
Barton 1
Central
Jantua

1. PLACE OF DEATH
 (a) County..... Barton 1 Registration District No. 44.
 (b) Township..... Central Primary Registration District No. 5266.
 (c) City or ~~City~~..... Jantua (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..... Clinton King McDaniel
 (a) Residence, No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1936
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 4 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Pittsburg 1
Missouri 0
 FATHER 13. NAME J. W. McDaniel 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon County 0
Missouri
 MOTHER 15. MAIDEN NAME Verg King
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jantua
Missouri
 17. INFORMANT Mrs. J. W. McDaniel
 (ADDRESS) Jantua, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Jantua Cemetery Nov 7 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Monahan's Funeral Home
Lamar, Mo.
 20. FILED 11-7- 19 39 W. S. Decker, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1939
 22. I HEREBY CERTIFY That I attended deceased from August 1939, to Nov. 5, 1939
 I last saw him alive on November 4, 1939. Death is said to have occurred on the date stated above, at 9:05 a.m.
 The principal cause of death and related causes of importance were as follows:
Meladitic Sarcoma Date of onset about July
First area noted in left ilium
 Other contributory causes of importance: Hb
 Name of operation Exploratory - done at Pittsburg, Missouri Date of 7
 What test confirmed diagnosis? Biopsy Was there an autopsy? No
 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) Sam T. Pichel, M. D.
 (Address) Lamar, 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.

RECEIVED

District Health Officer No. 6,

District File Number 10239-2398

Date Filed DEC 4 1939

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. 2247

P. O. Address. Lamar Ma

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.