

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.

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

39731
Do not use this space.

DEC 15 1939

1. PLACE OF DEATH 2

(a) County Harrison Registration District No. 341

(b) Township 1 Primary Registration District No. 4204 Registered No. 14

(c) City or Ridgeway (d) Street No. _____ 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 IRA S DANIELS

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha M. Polley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 20, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	70	3	17	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber

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) April 1939 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballwin Missouri

FATHER 13. NAME Moses Daniels 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk Ohio

MOTHER 15. MAIDEN NAME Clarissa Ballard 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quebec Canada

17. INFORMANT (ADDRESS) Mrs Bertha Daniels Ridgeway Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgeway Mo Aug 9 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ridgeway Mo

20. FILED 8-9-39 Detekramer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan-2-1939 to Aug 7-1939

I last saw him alive on Aug 6 1939. Death is said to have occurred on the date stated above, at 1200am.

The principal cause of death and related causes of importance were as follows:

Gangrene of right foot - arterial sclerosis
obliterans

Date of onset 9-39
4 years

Other contributory causes of importance: 99

Name of operation Right toe removed Date of 6-39

What test confirmed diagnosis? Physical 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? _____
If so, specify _____ (Signed) Letty Beunen M. D.
Ridgeway Mo (Address)

REGISTERED
District: Marion (No. 11)
District: 1239-1629
DEC 8 1939

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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..... *J.P. Ragan*.....
Licensed Embalmer No. 2026
P. O. Address Ridgeway

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.