

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.

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 338

1. PLACE OF DEATH: 2
(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 109 W. 7TH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED: 1
(a) State MISSOURI (b) County CALLAWAY
(c) City or town FULTON
(If outside city or town limits, write "RURAL")
(d) Street No. 109 W. 7TH
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME George William McDaniel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 25
year 1939 hour 12 minute 50 AM

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ONRIDA DUNAVANT 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APRIL (Month) 29 (Day) 1876 (Year)

21. I hereby certify that I attended the deceased from April 12th 1939 to Dec 25 1939
that I last saw him alive on Dec 16 1939
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 8 Days 26 If less than one day hr. _____ min. _____

Immediate cause of death: Myocardial degeneration Duration 2 years

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

Due to _____
Due to 93C

10. Usual occupation _____

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

11. Industry or business _____

PHYSICIAN _____

MOTHER FATHER { 12. Name John Sanford McDaniel

Major findings: Of operations _____

13. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

Of autopsy _____

14. Maiden name MARY JANE DYNAN

Underline the cause to which death should be charged statistically.

15. Birthplace OSWAGO (City, town, or county) New York (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant's own signature Harry McDaniel

(a) Accident, suicide, or homicide (specify) _____

(b) Address Fulton, Mo

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof DEC. 26, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation CENTRAL CEMETERY

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Glen H. Mangum

While at work? _____ (Specify type of place) (e) Means of injury _____

(b) Address 709 Court Fulton, Mo

23. Signature R. N. Cremonesi (M. D. or other) _____

(c) Date received local registrar Dec 26, 1939 (Registrar's signature) _____

Address Fulton Mo Date signed Dec 26

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.....

John D. Batchelder....., Registered Apprentice No. *192*
working under my personal supervision.

Signed..... *Glen F. Maupins*

Licensed Embalmer No. *27125*

P. O. Address. *Fulton, MD*

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.