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

8539
Do not use this space.

REC MAR 14 1940

1. PLACE OF DEATH
(a) County Webster Registration District No. 896
(b) Township Marshfield (City) Primary Registration District No. 4542 Registered No. 2
(c) City — (d) Street No. 42 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 Joe Daniels
(a) Residence, No. Marshfield, Mo. 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: 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 Audrey Daniels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17, 1897

7. AGE: Years 42 Months 2 Days 4 If LESS than 1 day, ...hrs. or ....min.

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. W.P.A.
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 3 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. 17 W

FATHER
13. NAME James Daniels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co. 0

MOTHER
15. MAIDEN NAME Fannie Wedlock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co. 0

17. INFORMANT (ADDRESS) Wife, Marshfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshfield, Mo. DATE Dec. 22 39

19. FUNERAL DIRECTOR (NAME) Rex Rainey
(ADDRESS) Marshfield Mo.

20. FILED 2-8 1940 Eugene Shafer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1939, to Dec. 21, 1939
I last saw him alive on Dec. 21, 1939. Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

Unknown Natural Causes. Patient had just been brought home from an Orthopedic Hospital in Springfield, Mo., when I was called and found him in shock with signs and symptoms of internal hemorrhage. Probable from ruptured Septic Abscess of liver or so. He died in shock.

Date of onset

Other contributory causes of importance:
Name of hospital or institution
What test confirmed diagnosis? No.

23. If death was due to external cause (violence) state whether it was 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 Patient had not been operated on.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. P. Macdonnell, M. D.
(Address) Marshfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-12-38 I X14028

RECEIVED
District Health Officer No. 6,
District File Number 340-833
Date Filed MAR 1 3 1940

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 Lex Ramey

Licensed Embalmer No. 3312

P. O. Address Marshfield

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.