

No. 2
1-11-1934
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12671

State File No.

Registration District No. 862

Primary Registration District No. 6135-

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Burdine TX
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 21
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 (Specify whether years, months or days)

In this community 38 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Anna Lucretia Daniels

8. (b) If veteran, name war: _____

8. (c) Social Security No. 542

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Marion Daniels 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Nov 20 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Rome Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Drown

13. Birthplace Va.
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Thompson

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Miller Daughter

(b) Address Cabool Mo

17. (a) Burial (b) Date thereof March 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabool

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Cabool Mo

19. (a) April 1, 40 (b) Mrs. Clara Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas

(c) City or town Cabool
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from on March 21 1940, 19____, to _____, 19____; that I last saw her alive on March 21 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart disease

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within months of death)

Major findings Arterio-sclerotic nephritis

Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence _____

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

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

While at work? _____ (Specify type of place)

(a) Manner of injury _____

23. Signature Garrett Goggins (Date of death) 3/25/40

Address Cabool, Mo. Date signed _____

Duration 15 yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

RECEIVED

District Health Officer No. 5,

District File Number 440382

Date Filed 4340

Signed.....

Taylor Elliott

Licensed Embalmer No. 2252

P. O. Address Calool 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.