

MAY 10 1940
Registration District No. 421

Primary Registration District No. 4249

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____

years, months or days) _____

8. (a) PRINT FULL NAME William Henry Daniels

3. (b) If veteran, _____

name war _____

3. (c) Social Security _____

No. _____

4. Sex M5. Color or
Race W6. (a) Single, widowed, married,
divorced W6. (b) Name of husband or wife
Catherine Daniels6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Aug. 24 1855
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

84 hr. _____ min.

9. Birthplace

Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Wilson Daniels 913. Birthplace Unknown 9
(City, town, or county) (State or foreign country)14. Maiden name Jane Jenson15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Catherine Dreshaker(b) Address Festus Mo.17. (a) burial (b) Date thereof 4-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Catholic18. (a) Signature of funeral director E. L. Fink 347(b) Address Festus Mo.19. (a) 4/15/1940 (b) J. E. Rutledge M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson(c) City or town Festus
(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 4 day 14year 1940 hour 4 minute 20 A.M.21. I hereby certify that I attended the deceased from March 6, 1940 to April 14, 1940that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis Chronic
unknown

Duration

Due to _____

Due to arteriosclerosis
hepatic chronic Interstitial

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)

(e) Means of injury _____

23. Signature Harry Horkit (M. D. or other) _____Address 219 Festus Date signed 4/15/40

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 *Eleana Provice*

Licensed Embalmer No. *3403*

P. O. Address *Festus 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.