S. No. 2.
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17464

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1991

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

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2729 Olive, — 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community About 50 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits write "RURAL")
(d) Street No. 2729 Olive,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Annie R. McDaniel, 235

3. (b) If veteran, name war No.
3. (c) Social Security No. No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife C. W. McDaniel,
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased January 12, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	3	29	hr. min.

9. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)
10. Usual occupation at home, 9
11. Industry or business x

FATHER
12. Name Albert Richcreek 0
13. Birthplace Unk.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Michaels
15. Birthplace Hannibal, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Blackburn,
(b) Address 2610 Cypress, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) May 13, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th,
year 1940 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from June 1938, to May 10, 1940
that I last saw her alive on May 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to coronary sclerosis
Due to senility
Other conditions 93 C
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature Eugene A. Pond (M. D. or other)
Address 3506 Benton Blvd Date signed 5/11/40.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Eugene Pond
30-06 Benton
Li. 0630 5-P.M.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.