

FILED JUN 20 1940
Registration District No. 156

Primary Registration District No. 5220

Registrar's No. 37

1. PLACE OF DEATH: Cass

(a) County Harrisonville

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

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

(d) Length of stay: In hospital or institution 2
(Specify whether _____)

In this community 10 years
years, months or days

3. (a) PRINT FULL NAME Joseph Newton McDaniels

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased October 16 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Jackson Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas McDaniels

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

14. Maiden name Lucy Lov Selvey

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

16. (a) Informant Mrs. Eva McDaniels

(b) Address Harrisonville Missouri

17. (a) burial (b) Date thereof June 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs

18. (a) Signature of funeral director R B Lamb

(b) Address Blue Springs Mo

19. (a) 6/1/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

Rural 4-N

(c) City or town Harrisonville, Missouri
(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 May day 30
year 1940 hour 4 minute 2 M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Suicide
due to gun shot wound
over his heart with 410

Due to gun shot wound

Due to _____

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 statistically.

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

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

(b) Date of occurrence May 30 1940

(c) Where did injury occur? Country - Cass Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
845 - H D M E
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature E. M. Guffey (M. D. or other) _____
Address Harrisonville Date signed May 30 1940

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

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. 2353 working under my personal supervision.

Signed _____
Licensed Embalmer No. R. Blunt
P. O. Address Blue Springs

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.