

Registration District No. 773

Primary Registration District No. 4464

Registrar's No. 111

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____
years, months or days

3. (a) PRINT FULL NAME Isaac B. M. Daniel

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora Graf, M.D. 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace St. Genevieve Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Jackson V. M. Daniel

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

14. Maiden name Daisy Smith

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

16. (a) Informant's own signature Mrs. I. B. McDaniel

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 5-29-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plains Hill Cem

18. (a) Signature of funeral director Walter Wood Co

(b) Address Farmington, Mo

19. (a) May 29-40 (b) T. J. Robinson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. East Columbia Street
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 40 hour 12:30 minute 0 M.

21. I hereby certify that I attended the deceased from 4-21
40, to 5-29, 40,
that I last saw him alive on 5-27, 40
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Acute Pyelitis

Due to Benign Hypertrophy of Prostate

Other conditions Ben. arteriosclerosis
(include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 127

PHYSICIAN

Underline the cause to which death should be charged etiologically.

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? 6

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

23. Signature Richard Cook (M. D. or other) J. D.

Address Farmington Date signed 5-29-40

I X19311

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.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed John A. ...

Licensed Embalmer No. 7238

P. O. Address Farmington

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.