

FILED AUG 33 1940

Registration District No. **378**Primary Registration District No. **3019**Registrar's No. **179**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Independence**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Indep Sanitarium**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day** (Specify whether
 In this community **11 months** years, months or days) **0 2 0**

3. (a) PRINT FULL NAME **Clarence M. Daniel**3. (b) If veteran, name war **None** 3. (c) Social Security No. **511-01-4646**4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married **Married**6. (b) Name of husband or wife **Milma F. M. Daniel** 6. (c) Age of husband or wife if alive **40** years7. Birth date of deceased **June 23 - 1902**
(Month) (Day) (Year)8. AGE: Years **38** Months **0** Days **15** If less than one day **hr. min.**9. Birthplace **Newton Co Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Store Proprietor**11. Industry or business **Women's dress shop**12. Name **M. A. M. Daniel**13. Birthplace **Harrison Co Missouri**
(City, town, or county) (State or foreign country)14. Maiden name **Mary E. Daniel**15. Birthplace **Maury Missouri**
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Milma F. M. Daniel**(b) Address **Mathews Hotel**17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7/12/40**
(Month) (Day) (Year)Place of burial or cremation **Greenwood Chapel**18. (a) Signature of funeral director **George E. Hanson**(b) Address **Indep. Missouri**19. (a) **7-10-40** (Date received local registrar) (b) **C. F. L. Cook** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8**
year **1940** hour **10** minute **45 P. M.**21. I hereby certify that I attended the deceased from **June 29**, 19**40**, to **July 8**, 19**40**;
that I last saw him alive on **July 8**, 19**40**,
and that death occurred on the date and hour stated above.Immediate cause of death **Robert Tremaine** Duration **24 hr**Due to **Had a coronary occlusion** **26 hr**

Due to _____

Other conditions **108**
(Include pregnancy within 3 months of death)

Major findings: _____

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? **360**

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **C. H. Miller** (M. D. or other) **1**Address **Independence** Date signed **7-9-40**
7860

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.....

Floyd C. Carson, Registered Apprentice No. *237*

working under my personal supervision.

Signed

F. M. Keir

Licensed Embalmer No. *3156*

P. O. Address *Indep 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.