21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26049

State File No.

Registration District No. 718 Primary Registration District No. 6430 Registrar's No. 39

X21492

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

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville (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 Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

(c) City or town Unionville (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.

3. (a) PRINT FULL NAME William Daily 400

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased January (Month) 11 (Day) 1865 (Year)

8. AGE: Years 75 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Dennis Daily
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Anna O'Donnell
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant [illegible]

(b) Address Unionville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Mo.

18. (a) Signature of funeral director J. Bloomstock

(b) Address Unionville Mo.

19. (a) July 15, 1940 (Date received local registrar) (b) N. W. Gillum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1940 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Apr. 12, 1940 to July 12, 1940 that I last saw him alive on July 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach & Left Lobe of Liver

Due to

Due to

Other conditions (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? 645 (Specify type of place)

While at work? (e) Means of injury

23. Signature E. L. W. Brown (M. D. or other) MD

Address Unionville Mo. Date signed 7/13/40

(Licensed Embalmer's Statement on Reverse Side)

4

FEB 13 1948

RECEIVED
District Health Officer No. 10
District File Number 8-40-15-89
Date Filed AUG 8 1940

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 J. W. Comstock, Registered Apprentice No. 132 working under my personal supervision.

Signed John W. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville Me

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.

No. 2B
-2-21-40
o1 X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26049

Registration District No. 718 Primary Registration District No. 6430 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH
(a) County: Putnam
(b) City or town: Unionville
(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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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.

3. (a) PRINT FULL NAME: William Daily
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: m
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 75 Months 6 Days 1 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: month July day 12 year 1940 hour minute 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: Carcinoma of Stomach and left lobe of liver — Duration
Due to
Due to: Carcinoma of Stomach primary
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: 4/6
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)
(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: E. H. W. Brown (M. D. or other) MD
Address Date signed 7/6/40