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.

FILED OCT 18 1940

20

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31862
Do not use this space.

1. PLACE OF DEATH
(a) County Dallas — Registration District No. 241
(b) Township S. Benton — Primary Registration District No. 5341 — Registered No. 1272
or
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Daniel Nahlon Cause
(a) Residence, No. Dallas Co. Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Cause

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1868

7. AGE: Years 72 | Months 9 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT Anna Cause
(ADDRESS) Buffalo Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Buffalo Mo. DATE Sept. 6th, 1940

19. FUNERAL DIRECTOR (NAME) L. B. Jones
(ADDRESS) Buffalo Mo.

20. FILED 10/10, 1940 Nancy Moore
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1939, to Sept. 2, 1940
I last saw him alive on Sept 2, 1940 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
94 Yr	

Other contributory causes of importance:
Coronary Thrombosis
Acute indigestion

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. Williams, M. D.
2/8 (Address) Buffalo, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-40-1481
Date Filed 10-11-40

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 Clyde Montgomery
Licensed Embalmer No. 3592
P. O. Address Buffalo Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.