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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

OK

State File No. 3598

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 10

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 315 WHEELER ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 8 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 73
(c) City or town 315 Wheeler St. 3
(If outside city or town limits, write "RURAL") 2
(d) Street No. NEOSHO
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Hiram McDaniel

3. (b) If veteran, name war NONE

3. (c) Social Security No. 702-12-1531

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife TINA McDANIEL

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased JUNE (Month) 28 (Day) 1885 (Year)

8. AGE: Years 55 Months 6 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace UNKNOWN (City, town, or county) ARKANSAS (State or foreign country)

10. Usual occupation FOREMAN

11. Industry or business RAILWAY SECTION

FATHER
12. Name SOLS McDANIEL
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Tina McDaniel
(b) Address Neosho Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Corey Thompson
(b) Address Neosho Mo.

19. (a) 2-5-41 (Date received local registrar) (b) Onal A. Salem M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1941 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw him ~~alive~~ dead on Jan. 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Probably Organic Heart Disease Died Suddenly; There had been no physician treating him

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

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? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
5-43 (Specify type of place) 2
While at work? (e) Means of injury 2

23. Signature J. R. Reynolds Coroner (M.D. or other)
Address Neosho Mo Date signed 1-24-41

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 6

District File Number 241 — 312

Date Filed FEB 13 1941

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 Gail K Gay

Licensed Embalmer No. 4155

P. O. Address Neosho, Mo

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

If this body is not embalmed, fact should be so stated above.