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FILED MAR 21 1941

Registration District No. 184

Primary Registration District No. 5255

Registrar's No. 29

1. PLACE OF DEATH:  
 (a) County Christian  
 (b) City or town: rural Pringle, Mo.  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Christian  
Rural  
 (c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Nixa, Mo. R#1.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James Leon McDaniel.  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 552-12-329

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 \_\_\_\_\_ years

7. Birth date of deceased March, 10, 1914.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	26	86	28	hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name E. P. McDaniel

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

14. Maiden name Nettie Doran

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

16. (a) Informant Real Mr. Daniel

(b) Address Clever, Mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopedale cem.

18. (a) Signature of funeral director J. W. Maples

(b) Address Clever, Mo.

19. (a) Jan 1-1941 (b) Luella Leonard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 8th.  
 year 1940 hour 10 minute A.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  
slight of gun shot  
wound in chest  
 Due to which was  
accidental, caused  
 Due to by a fall & gun  
discharged.

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? \_\_\_\_\_

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

23. Signature J. W. Maples (M.D. or other) Coroner  
 Address Clever, Mo. Date signed 12-8-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 341-487

Date Filed MAR 20 1941

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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

*J. W. Maples*

Licensed Embalmer No. 2985

P. O. Address Cleaver 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, fact should be so stated above.