DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6858

Registration District No. 283 Primary Registration District No. 5402 Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Arbyrd Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Buffalo Rural (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 Dunklin 33

(c) City or town Arbyrd, Mo. (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 Jimmy Luther McDaniel

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 4 (Day) 1940 (Year)

8. AGE: Years | Months 10 | Days 14 | If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Grover McDaniel
13. Birthplace Arbyrd (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Delphia Roach
15. Birthplace Peach orchard (City, town, or county) Ark (State or foreign country)

16. (a) Informant's own signature Grover McDaniel

(b) Address Arbyrd Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 19 (Day) 1940 (Year)

(c) Place: burial or cremation Lulu Cemetery

18. (a) Signature of funeral director H H Howard

(b) Address Leachville, Arkansas

19. (a) 2-25-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1940 hour 8 p.m. minute M.

21. I hereby certify that I attended the deceased from January 15th, 1941, to January 18, 1941; that I last saw him alive on January 18, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aspiration of foreign Body Suffocation	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 M C Glasgow Mtn (M. D. or other)

Address Caldwell Mo Date signed 1-19-41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 2
District File Number 341-288
Date Filed 3/3/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.