Dr Love 12

. S. No. 2
M—11-10-39
ev. 5-17-39
I X2149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8455

ENED MAR 17 1941

Registration District No. 875 — Primary Registration District No. 6161 — Registrar's No. 59

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0

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

1. PLACE OF DEATH:

(a) County Vernon

(b) ~~City or town~~ Badger Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 60 yrs - 7 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Route 2 Nevada, Mo 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Craton McDaniel

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, ~~widowed, married, divorced~~ 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased July (Month) 8 (Day) 1880 (Year)

8. AGE: ~~60~~ Years 60 Months 7 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Vernon Co. (City, town, or county) O Mo. (State or foreign country)

10. Usual occupation Farmer —

11. Industry or business

FATHER
12. Name William F McDaniel
13. Birthplace Adams County (City, town, or county) 1 Ohio (State or foreign country)

MOTHER
14. Maiden name Louisa A McGovney
15. Birthplace Adams County (City, town, or county) 1 Ohio (State or foreign country)

16. (a) Informant Samuel Homer McDaniel

(b) Address Badger Township Rt #2 Nevada

17. (a) Marvin Chap. Cemetery (Burial, cremation, or removal) (b) Date thereof Feb. 9-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Marvin Chapel Cemetery 705

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Nevada Mo.

19. (a) 2-8-'41 (Date received local registrar) (b) Allen V Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 8 day ..... year 1941 hour 6 A minute A M.

21. I hereby certify that I attended the deceased from Dec 21 — 1940 to Feb 8, 1941, that I last saw him alive on Dec. 24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	12/21-1940 to 2/8 1941
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No.	

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 J. N. Love (M. D. or other) 0

Address Nevada, Mo. Date signed 2-10/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-41-459
Date Filed 3-7-41

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 Allen E Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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, above space should be left blank.