

Registration District No. 874947

Primary Registration District No. 3039

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 700 W. Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Laurie W. McDaniel

8. (b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna M. Daniel 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept 24 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation Printer (Retired)

11. Industry or business Newspaper work

12. Name John P. McDaniel

13. Birthplace Camden Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Edna Catherine Russell

15. Birthplace Camden Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna M. Daniel

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof 3-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwood Cemetery

18. (a) Signature of funeral director Rayo Funeral Service
(b) Address Nevada Missouri

19. (a) 3-19-41 (b) Charles E. Rayo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 13 1941 to March 18 1941; that I last saw him alive on March 18 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 C. R. King (M. D. or other) _____
Address Nevada, Mo. Date signed 3-22-41

Duration 5 etc
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 4-41-642

Date Filed 4-8-41

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 V. 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.