No. 2
1-4-41
17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18722

Registration District No. 686 Primary Registration District No. 5914 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Curryville I. A. (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 Missouri (b) County Pike 82

(c) City or town Curryville - rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SALLIE JANE DANIELS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles W. Daniel

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct. (Month) 31 (Day) 1868 (Year)

8. AGE: Years 72 Months 6 Days 25 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name William Wood
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Jane Houchin
15. Birthplace Pike County (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mr. Charles Daniel

(b) Address Curryville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 24 (Day) 1941 (Year)

(c) Place: burial or cremation New Harmony

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia, Mo.

19. (a) 5-24 1941 (Date received local registrar) (b) Gene E Hendrix (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 23 day May year 1941 hour 4:20 minute A M.

21. I hereby certify that I attended the deceased from Jan 1941, 19, to May 23 1941; that I last saw her alive on May 22-41 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Due to Chronic Interstitial Nephritis & Heart

Due to

Other conditions (Include pregnancy within 3 months of death) 3 a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. H. Bland (M. D. or other)

Address Vandalia Mo Date signed 5/24/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1097
Date Filed JUN 12 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 W. M. B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.