

AUG 11 1941

Registration District No. **29**

Primary Registration District No. **5030**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County **Barry 1st Creek Twp**
 (b) City or town **Star City, 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 -----
 In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry** **005**
 (c) City or town **Cassville, Mo.** **1**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. -----
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? ----- **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **1st.**
 year **1941** hour **9:45 A.** **midn.** M.
 21. I hereby certify that I attended the deceased from **Jan 30**
1941 to **Jan 30** 19**41**;
 that I last saw h. **er** alive on **Jan 30** 19**41**;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Malnutrition & Exposure

Due to **Immaturity**

Due to -----

Other conditions
 (Include pregnancy within 3 months of death) **15A**

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 **W. M. Clure** **M.D.** **2**
 Address **Cassville, Mo.** Date signed **2/1/41**

3. (a) PRINT FULL NAME **Erna May 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 **Single**

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

7. Birth date of deceased **Jan. 16, 1941**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 16 -- hr. --- min.

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

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Russel Daniels**

13. Birthplace **Clark, Mo.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Minnie Brooks**

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

16. (a) Informant **Mrs Goldie Twillgear**

(b) Address **Cassville, Mo. R. 2**

17. (a) **Burial** (b) Date thereof **2/2/1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sparks Cemetary**

18. (a) Signature of funeral director **Horine Culver**

(b) Address **Cassville, Mo.**

19. (a) **2-15-1941** (b) **W. Newman, M.D.**
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 841-1307

Date Filed AUG 7 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

B. Gordon Bennett

, Registered Apprentice No. 250

working under my personal supervision.

Signed:

[Signature]

Licensed Embalmer No. 1414

P. O. Address Cassville, 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.