

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

FILED AUG 16 1944

State File No.

Registration District No. 101

Primary Registration District No. 14432

Registrar's No. 2837

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Bolivar
(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 years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALVIN RAY Mc DANIEL

3. (b) If veteran, name war _____

3. (c) Social Security No. 495-10245

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1941 hour 02 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 14, 1941, to July 1, 1941; that I last saw him alive on July 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

Duration: 5 days

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Clare

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January 18 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 14
If less than one day hr. _____ min. _____

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

10. Usual occupation Printer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas J Mc Daniel

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

14. Maiden name Joyne J Denton

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

16. (a) Informant July J Mc Daniel

(b) Address Bolivar Mo

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

(c) Place: burial or cremation Green woods

18. (a) Signature of funeral director Hutcherson & Co

(b) Address Bolivar Missouri

19. (a) 7/3 (b) J. F. Roberts
(Date received local registrar) (Registrar's signature)

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 Doyle C McCraw M. D. _____
Address Bolivar Mo Date signed 7/4

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1322

Date Filed 8-14-41

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 Frank Grable Jr

Licensed Embalmer No. 4148

P. O. Address Balvan, Va

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.