

No. 2  
-13-40  
17-39  
X23159

FILED SEP 26 1941

Registration District No. 12

Primary Registration District No. 4041

Registrar's No. 23

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

1. PLACE OF DEATH: Boone  
 (a) County Centralia Mo  
 (b) City or town Centralia Mo  
 (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 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Boyd McDaniel

3. (b) If veteran, name war No 3. (c) Social Security No. 488-01-8443

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

6. (b) Name of husband or wife Mrs Ida McDaniel 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased 2 22 1886 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>5</u>	<u>20</u>	hr. min.

9. Birthplace BONDVILLE ILL (City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business FACTORY WORKER

12. Name L.T. McDaniel

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

14. Maiden name ANNA MORSE

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

16. (a) Informant Mrs Boyd McDaniel

(b) Address Centralia Mo

17. (a) Burial (b) Date thereof 8-14-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo

18. (a) Signature of funeral director M. McDaniel

(b) Address Centralia Mo

19. (a) 1941 (b) F. H. Barden (M.D. or other) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Boone  
 (c) City or town Centralia (If outside city or town limits, write "RURAL")  
 (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 Aug day 12 year 1941 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from 1936, 1941, to Aug 12, 1941; that I last saw him alive on Aug 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Pulmonary

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 12/10

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 [Signature] (M. D. or other) Address Centralia Mo Date signed 8/12/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**