

BUREAU OF THE CENSUS
FILED OCT 16 1941MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31624

Registration District No. 347

Primary Registration District No. 5501A

Registrar's No.

1. PLACE OF DEATH:

- (a) County Henry
 (b) City or town Russell (Peersville)
 (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)
 In this community Don't know years, months or days

3. (a) PRINT FULL NAME

James Yoder Daniel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 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 July 24 - 1924
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
17 1 10 hr. min.9. Birthplace Webb City Mo U
(City, town, or county) (State or foreign country)10. Usual occupation going to school

11. Industry or business _____

12. Name Charles R. Daniel
 13. Birthplace Webb City Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Bladye E. Rogers
 15. Birthplace Stevens, Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Ed. J. Daniel(b) Address Webb City Mo17. (a) burial (b) Date thereof 9-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Webb City Mo18. (a) Signature of funeral director Consalus Beck(b) Address Union, Mo19. (a) _____ (b) Ed. J. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Jackson
 (c) City or town Kansas City, Mo
 (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. No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14th
year 1941 hour 2 minute 30 M.21. I hereby certify that I attended the deceased from on
Sept. 14 - 1941 to Sept. 14th, 1941,
that I last saw him live on Sept. 14th, 1941,
and that death occurred on the date and hour stated above.Immediate cause of death Heart attack
Motor vehicle accident.Due to same found in all probabilityDue to Motor vehicle accidentOther conditions ✓
(Include pregnancy within 3 months of death)Major findings: No.
Of operations No.Of autopsy No.
There was a Crown's Injury

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Motor vehicle accident(b) Date of occurrence Sept 14 - 1941(c) Where did injury occur on highway
(City, town, or county) (State or foreign country)(d) Did injury occur in or about home, on farm, or industrial place, in public place?
On Public HighwayWhile at work No. (Specify type of place)23. Signature Ed. J. R. Hampton (M. D. or other)
208 S. Water St., Clinton, Mo.Address _____ Date signed Sept 14, 1941

RECEIVED
District Health Officer No. 7,
District File Number 10-41-1787
Date Filed 10-14-41

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 J E Consalvi

Licensed Embalmer No. 1891

P. O. Address Clinton

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31624
Registrar's No. _____

Registration District No. 347

Primary Registration District No. 5501A

1. PLACE OF DEATH:

- (a) County Henry
(b) City or town Rural
(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)

3. (a) PRINT FULL NAME

James Y. Daniel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July (Month)

24 (Day) 1924 (Year)

8. AGE:

Years

Months

Days

If less than one day

17

1

12

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

9/14/1941 (Date received local registrar)

(b)

Dr. J. P. Hampton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1941 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

S-31624 1941