No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 1 1941

Registration District No. 875

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32826

Primary Registration District No. 6162

Registrar's No. 260

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Washington Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital 2 No 3 Nevada, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos 21 dys (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 108

(c) City or town Belton 0 (If outside city or town limits, write "RURAL")

(d) Street No. Not Known 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Daniel Christian Idol

3. (b) If veteran, name war Not Known

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Not Known.

6. (c) Age of husband or wife if alive Not K. years

7. Birth date of deceased Dec (Month) 23rd (Day) 1851 (Year)

8. AGE: Years 89 Months 9 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) / N. Carolina (State or foreign country)

10. Usual occupation Retired News Paper man

11. Industry or business

FATHER
12. Name John Idol
13. Birthplace (City, town, or county) / N. Carolina (State or foreign country)

MOTHER
14. Maiden name C. A. Huff
15. Birthplace (City, town, or county) / N. Carolina (State or foreign country)

16. (a) Informant State Hospital Records.

(b) Address Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Belton, Mo

18. (a) Signature of funeral director E. K. George & Sons

(b) Address Belton Mo.

19. (a) Sept 8, 1941 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th year 1941 3 hour 15 minute P. M.

21. I hereby certify that I attended the deceased from June 17th, 1941, to Sept 8th, 1941; that I last saw him alive on Sept 8th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Dis

Due to

Due to

Other conditions Senility. Art. Sc Gang of Toes (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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 G. S. Waraich (M. D. ~~or other~~) 0

Address State Hosp. 3. Nevada Mo Date signed 9/8/41

775 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-41-1754
Date Filed 10-9-41

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.