

FILLED NOV 11 1941

Registration District No. **218**

Primary Registration District No. **5298**

1. PLACE OF DEATH:

(a) County **Cooper** *Twp. Rural*  
(b) City or town **Boonville, Mo. RFD #1**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**W.F. Allen, Jr. Residence RFD #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 **About 3 months.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Caldwell #14**  
(c) City or town **Fulton** ?  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23**  
year **1941** hour **7** minute **?** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute coronary thrombosis**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) **g/o**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **no**  
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? \_\_\_\_\_

23. Signature **J. J. [Signature]** (Specify type of physician) **Physician of Cooper**  
Where at work? **Boonville, Mo.** (Specify type of business)  
Address **Boonville, Mo.** Date signed **10-25-41**

3. (a) PRINT FULL NAME **Thornton Dennis Daniels 45**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced 3**

6. (b) Name of husband or wife **Lizzi Daniels** 6. (c) Age of husband or wife if alive **undisclosed** years

7. Birth date of deceased **September 10 1872**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **1** Days **13** If less than one day .hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Camargo, Ill Douglas County 10**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Engineer**

11. Industry or business \_\_\_\_\_

12. Name **John Daniels**

13. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen Farmer**

15. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George M. Daniels** **IND**

(b) Address **1153 Bellevue Pl. Indianapolis**

17. (a) **Burial** (b) Date thereof **Nov 1 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Boonville City Cem.**

18. (a) Signature of funeral director **J. J. [Signature]**

(b) Address **203 Main St. Boonville, Mo.**

19. (a) **11-1-41** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11-8-41

**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 C. H. Ireland

Licensed Embalmer No. 1397

P. O. Address Stippec 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.