

FILED FEB 16 1942

Registration District No. 684

Primary Registration District No. 4408

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Bowling Green, Mo.  
(c) Name of hospital or institution B.B. Springs  
(d) Length of stay: In hospital or institution 1  
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike  
(c) City or town Bowling Green  
(d) Street No. 8  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country no.

3. (a) PRINT FULL NAME Mary E McDaniel

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles McDaniel 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Dec 4 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business "

12. Name John Ranken

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

14. Maiden name Helina Alsop

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

16. (a) Informant Charles McDaniel

(b) Address Edina

17. (a) Burial (b) Date thereof Jan 5 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Episcopal Cemetery Gooden & Howe Co

18. (a) Signature of funeral director Edina, Mo.

(b) Address Edina, Mo.

19. (a) Jan 4 1942 (b) B. M. Gooden  
Date received local registrar (Registrar's signature)  
1148 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 3rd year 1942 hour 4 minute 30 PM.

21. I hereby certify that I attended the deceased from NOV., 1941, to NOV., 1942, that I last saw her alive on JAN. 3, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death CHP. INTERSTITIAL NEPHRITIS  
Due to SENILITY

Other conditions 131a  
(Include pregnancy within 3 months of death)

Major findings: Of operations 131a  
Of autopsy 131a

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence no  
(c) Where did injury occur? (City or town) (County) (State) no  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? (Specify type of place) (e) Means of injury no  
23. Signature [Signature] (M. D. or other) D  
Address Bowling Green, Mo. Date signed 1-3-42

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 2-42-239

Date Filed FEB 12 1942

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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 Norman E. Good

Licensed Embalmer No. 2342

P. O. Address Esler, 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.