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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11277

Registration District No. 526 | Primary Registration District No. 5700 4312 | Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Atlanta Twp
(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 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Macon 061
(c) City or town: Atlanta 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Susan McDaniel
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 12 (Day) 1851 (Year)
8. AGE: Years 90 Months 7 Days 19 If less than one day hr. min.
9. Birthplace: Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation: House Keeper
11. Industry or business:
MOTHER FATHER
12. Name: Stanley Wilkins
13. Birthplace: Ky (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Marlin
15. Birthplace: Ky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs G W Epperly
(b) Address: Atlanta Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 3-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Shelby Cem
18. (a) Signature of funeral director: Albert Skinner
(b) Address: Macon Mo
19. (a) Mar 8 1942 (Date received local registrar) (b) Mrs. A. L. Cambe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 1 year: 1942 hour: 2:15 minute: a M.
21. I hereby certify that I attended the deceased from January 1 1942 to March 1 1942 that I last saw h alive on Feb 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia & Paralysis — Duration
Due to: Senile Coll
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 107
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: G C Lyda (M. D. or other)
Address: Atlanta Mo Date signed 3-3-42

1052 (Licensed Embalmer's Statement on Reverse Side)

APR 3 1942

APR 6 1942

APR 3 1942

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 Albert S Kenner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.