. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15281

State File No.

Registration District No. 713 Primary Registration District No. 713 Registrar's No. 37

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Hazlegreen Pulaski
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pulaski
(c) City or town Hazlegreen
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DAVID HENRY McDANIAL

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Mo
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Goldie McDaniel
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Aug (Month) 24 (Day) 1875 (Year)

8. AGE: Years 66 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Lebanon (City, town, or county) Omo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ~~William Henry McDaniel~~
FATHER
12. Name William Henry McDaniel
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Goldie McDaniel
(b) Address Hazlegreen Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunline
18. (a) Signature of funeral director RB Jeeper
(b) Address Richland Mo
19. (a) 4/16/42 (Date received local registrar) (b) RB Jeeper (Registrar's signature)

1110 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13 year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 1, 1942 to April 13, 1942 that I last saw him alive on April 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Empyemia — 6 mos.
Due to Pulmonary Tuberculosis — 2 years
Due to
Other conditions (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 Everett A. Oliver (M. D. or other) M.D.
Address Richland Mo Date signed 4/14/942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 442-127
Date Filed 4-30-42

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.

Not Embalmed

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.