V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27753

Registration District No. 248 Primary Registration District No. 5842 Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Dayton 2 (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 (Specify whether In this community years, months or days) 8 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

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

(d) Street No. Racine, Dayton Township (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Phylis Kay Daniels

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fomale

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 8 (Day) 1942. (Year)

8. AGE: Years | Months 8 | Days | If less than one day hr. min.

9. Birthplace Racine, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Carl F. Daniels
13. Birthplace Racine, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Wanda Pearl Macoy
15. Birthplace Racine (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant L. B. Macey

(b) Address Racine, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 9 (Day) 42 (Year)

(c) Place: burial or cremation Burkhart Cemetery

18. (a) Signature of funeral director B. W. Buzzard

(b) Address Seneca, Mo.

19. (a) Sept 10-42 (Date received local registrar) (b) W. R. Bennett (Registrar's signature)

1310

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8-1942

year hour 10 minute 15 AM.

21. I hereby certify that I attended the deceased from Sept 4, 1942 to Sept 8, 1942

that I last saw her alive on Sept 7, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Entero-Colitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

119a

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 0

23. Signature T. B. Duemler, (M. D. or other)

Address Seneca Mo. Date signed 9-9-42

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed B W Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca

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.