V. S. No. 2
50M—5-42
Rev. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed NOV 7 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33465

State File No.

Registration District No. 39 Primary Registration District No. 4-1-035232 Registrar's No. 150

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1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Cleveland. Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Union Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 1 week

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

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3. (a) PRINT FULL NAME: Laura Belle 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: Married
6. (b) Name of husband or wife: Charles W. McDaniel
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: June (Month) 27 (Day) 1885 (Year)
8. AGE: Years 57 Months 4 Days 3 If less than one day: Y. hr. min.
9. Birthplace: Hancock (City, town, or county) / (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Clark Stauter N.Y /
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name: Ella Lincoln N.Y. /
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant: Charles McDaniel
(b) Address: Cleveland Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/31/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill. Mo.
18. (a) Signature of funeral director: A. W. Brownfield
(b) Address: Pleasant Hill. Mo.
19. (a) Nov. 3, 1942 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30 year 1942 hour 4 minute 30 AM.
21. I hereby certify that I attended the deceased from 10-28, 1942, to 10-30, 1942 that I last saw her alive on 10-29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration: 3 days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
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: R M Miller (M. D.)
Address: Belton Mo Date signed 10-31-42

104.7

(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

By me Oct. 30/1942, Registered Apprentice No.

working under my personal supervision.

Signed Alex Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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.