

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36172

State File No.

Registrar's No. **4141**

Registration District No. **1002/49**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson,**

(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Luke's Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **since 10-11-42**
(Specify whether years, months or days)

In this community **38 years,**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,**

(c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")

(d) Street No. **620 West 68th Street,**
(If rural, give location)

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

If yes, name country **x**

3. (a) PRINT FULL NAME **Frank N. Daniels,**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **3rd**
year **1942** hour **7:15** minute **P.** M.

4. Sex **Male** 5. Color or Race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Martha Elizabeth Daniels** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased: **December 1 1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11/3/42** to **Nov 3 1942**
that I last saw him alive on **Nov 3 1942**
and that death occurred on the date and hour stated above.

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

75 10 2 hr. min.

Immediate cause of death **Coronary thrombosis**

Due to **8:30**

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

Due to

Other conditions **8:30**
(Include pregnancy within 3 months of death)

10. Usual occupation **President,**

11. Industry or business **Dascomb-Daniels Lumber Co.**

Major findings:
Of operations

MOTHER FATHER

12. Name **John O. Daniels,**

13. Birthplace **North Carolina,**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Howland,**

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

Of autopsy

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?

16. (a) Informant **J. Newton Daniels,**

(b) Address **Rockhill Manor, K. C., Mo.**

17. (a) **Burial** (b) Date thereof **11-5-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cemetery**

While at work? (Specify type of place)

(a) Means of injury **0**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **11-7-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

23. Signature **Frank J. Gelfe** (M. D. or other)

Address **315 Alameda St.** Date signed **11-6-42**

1030

Dr. Ridge,

Religio
WA 4540

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 E. M. Plank
Licensed Embalmer No. 1848
P. O. Address K. C. 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.