S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3024

State File No.

FILED FEB 9 1943

Registration District No. 3270 | Primary Registration District No. 3050 | Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
900 Carleton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 33 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 900 Carleton.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James L. Daniel

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White.

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

6. (b) Name of husband or wife Marietta Daniel

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September (Month) 26 (Day) 1870 (Year)

8. AGE: Years 72 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Bells. (City, town, or county) Tennessee. (State or foreign country)

10. Usual occupation Auto Supply Store Merchant.

11. Industry or business Above.

FATHER
12. Name James L. Daniel.
13. Birthplace Unknown. (City, town, or county) S. Carolina (State or foreign country)

MOTHER
14. Maiden name Alice Sinclair.
15. Birthplace Unknown. (City, town, or county) Tennessee. (State or foreign country)

16. (a) Informant Marietta Daniel.
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-43. (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director LaForge Und. Co.
(b) Address Caruthersville, Mo.

19. (a) 1-22-1943 (Date received local registrar) (b) Jessie W. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January. day 21
year 1943. hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 1941, to January 21, 1943;
that I last saw him alive on January 21, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the larnyx, probably with matastases to other parts of the body. — Duration ?

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 (M. D. or other)
Address Caruthersville, Mo. Date signed 1/22/43

(Licensed Embalmer's Statement on Reverse Side)

1-29-43

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 J. W. Schaiman

Licensed Embalmer No. 4086

P. O. Address Caruthersville, 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.