DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3150

State File No.

Registration District No. 280 Primary Registration District No. 4416 Registrar's No. 24

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

1. PLACE OF DEATH:
(a) County Platte Co
(b) City or town Missouri, Platte City.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte
(c) City or town Platte City, Mo.
(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

3. (a) PRINT FULL NAME Priscilla Celestial Marie McDaniel
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 19 (Day) 1942 (Year)

8. AGE: Years | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace Platte City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Warren Harding McDaniel
13. Birthplace Hamilton (City, town, or county) Missouri (State or foreign country)
14. Maiden name Marie Mae Fields
15. Birthplace Platte City (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Dr E. W. Cline M.D.
(b) Address Platte City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Platte City Cem.
18. (a) Signature of funeral director Collins Mitchell
(b) Address Platte City Mo.
19. (a) 1-25-43 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1943 hour 6 minute 10 A.M.
21. I hereby certify that I attended the deceased from January 22, 1943, to Jan 25, 1943; that I last saw h. alive on Jan 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 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 Edward W. Cline (M. D. or other) M.D.
Address Platte City Date signed 1/25/43

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 2-43-17

Date Filed 2-2-43

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31-0

Registration District No. 280 Primary Registration District No. 4416 Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County: Platte

(b) City or town: Platte city (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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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

3. (a) PRINT FULL NAME: Priscilla C. M. McDaniel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: B

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife

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

7. Birth date of deceased: Sept (Month) 14 (Day) 1863 (Year)

8. AGE: Years | Months: 4 | Days | If less than one day: hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 20 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration

Due to: Accidental exposure to cold during night of sub-zero weather

Due to:

Other conditions: None (Include pregnancy within 3 months of death)

Major findings:
Of operations: 10 1

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature: Edward H. Cohen (M. D. or other) M.D.

Address: Platte City, Mo. Date signed 3/3/43

SUPPLEMENTARY