

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAY 3 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1576

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:
2204 Indiana
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 2204 Indiana
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alvin James Daniels

3. (b) If veteran, name war no - V

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 31
year 1943 hour 11 minute 45 M.

4. Sex m

5. Color or race wh

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

6. (b) Name of husband or wife Lucy Daniels

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Oct 14 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 2 1943 to March 31 1943
that I last saw him alive on Mar 31 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Distress
Duration 2 mo.

8. AGE: Years 84 Months 5 Days 17 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Other conditions Influenza cold
(Include pregnancy within 3 months of death)

10. Usual occupation Spktr & Power

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: no
Of operations _____

Of autopsy no

11. Industry or business House man retired

12. Name Thomas Daniels

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

14. Maiden name Elizabeth Bradley

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

16. (a) Informant Lucy Daniels

(b) Address 2204 Indiana

17. (a) Removed (Burial, cremation, or removal) (b) Date thereof 4-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation Crohnville Mo

18. (a) Signature of funeral director Mr. C. R. Foster

(b) Address 918 Brooklyn

19. (a) 4-2-43 (Date received local registrar) (b) Mr. W. Crowe (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. Henry Gigg (M. D. or other)
Address 2416 Lawrence St. C. Mo Date signed 4-1-43

George
26 x 26

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.....

716

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. H. Wise*

Licensed Embalmer No. *2570*

P. O. Address..... *KE 9th*

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.