

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

13540
Do not use this space.

FILED MAY 8 1943

1. PLACE OF DEATH

(a) County Andrew Co Registration District No. 2
 (b) Township Madawaska Primary Registration District No. 4009 Registered No. 57
 (c) City Savannah (d) Street No. 55 Mrs. Peeler's nursing home Savannah, Mo.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 2 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John Joshua McDaniel St. (If nonresident, give city or town and State) 1
Savannah Mo (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Druggist
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Andrew Co (STATE OR COUNTRY) Mo

FATHER 13. NAME Joshua McDaniel

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Serilda Yates

16. BIRTHPLACE (CITY OR TOWN) Andrew Co (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. W. E. Horrell (ADDRESS) Whitesville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Whitesville DATE 4-26-1943

19. FUNERAL DIRECTOR Fred Terhune (ADDRESS) Savannah Mo

20. FILED 4/26/1943 J. H. Fritchman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24 1943
 22. I HEREBY CERTIFY, That I attended deceased from Apr 14 1943 to Apr 24 1943
 Last saw him alive on Apr 24 1943 Death is said to have occurred on the date stated above, at 4A m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 1942

Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. H. Kelley, M. D. M. D.
 (Address) Savannah Mo

1672

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-71904 I X12004

STATEMENT BY LICENSED EMBALMER

I, Alfred Terhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Alfred Terhune

Licensed Embalmer No. 1279

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.)