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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 18 1943

Registration District No.

Primary Registration District No. 5572

Registrar's No. 68

48
0
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Radius

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

(c) Name of hospital or institution: Jackson Co's. Home for Aged

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

(d) Length of stay: In hospital or institution 1 yr. 2 mo. (Specify whether

In this community 6 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3 8

(c) City or town R. C.

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

(d) Street No. 2413 Woodland

(If rural, give location)

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

If yes, name country ✓ 1

3. (a) PRINT FULL NAME Eugene McDaniels

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M.

5. Color or race Negro

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 14 (Day) 1878 (Year)

8. AGE: Years 64 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Texas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Don't Know

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant County Home Records

(b) Address Little Blue Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-43 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Brady Funeral Home

(b) Address 1708 Tracy K.C. Mo.

19. (a) May 28, 1943 (Date received local registrar) (b) F. M. Schicks & Effie Schicks (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 20 day year 1943 hour 10-30 AM minute 11:30 A.M.

21. I hereby certify that I attended the deceased from May 7th 1943, to May 20, 1943 that I last saw her alive on May 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Pereal Don't Know

Due to Circulatory Failure 2 ds

Due to

Other conditions (Include pregnancy within 3 months of death) 1/2 W

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature S. H. Griffin (M. D. or other)

Address Little Blue Mo Date signed 5-20-43

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 2211

P. O. Address 1819 E, 15th

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.