V. S. No. 2
OM—9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25928

93 FILED AUG 7 1943 11

Registration District No. 11

Primary Registration District No. 4456

Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Appleton Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 491-22-9723 (Specify whether
In this community 69 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Clair 93
(c) City or town Appleton City 0
(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 0

3. (a) PRINT FULL NAME JAMES McDANIEL
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Dorsey Walker
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Oct (Month) 25 (Day) 1873 (Year)

8. AGE: Years 69 Months 6 Days 90 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Benjiman McDaniel
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Cliss McDaniel
(b) Address Appleton City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul 17-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Round Prairie Batesco
18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo
19. (a) 7/17/43 (Date received local registrar) (b) Allyne Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1943 hour 7:15 minute a. M.
21. I hereby certify that I attended the deceased from June 12, 1943, to July 15, 1943 that I last saw him alive on July 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of stomach — Duration 2 years approximately
Due to —
Due to —
Other conditions — (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy —

46 b

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 N
23. Signature Edward Barnett (M.D. or other) D.O.
Address Appleton City, Mo Date signed 7/17/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
Service File Number 7-43-762
Date Filed 8-6-43

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 Me on the 15th day of July 1943, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.