

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 14 1943

Registration District No. 285

Primary Registration District No. 6013

Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Clifton Township Rural
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Chariton Township
(If outside city or town limits, write "RURAL") 3

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

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME Winis Rockwell McDaniel

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
year 1943 hour 7:00 minute 0 M.

4. Sex Male

5. Color or face White

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

6. (b) Name of husband or wife Susan Jane McDaniel

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 4 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1 1941 to May 10 1943
that I last saw him alive on May 10 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>5</u>	<u>24</u> hr. min.

Immediate cause of death..... arterio-sclerotic heart disease 10 yrs

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

Due to Senility

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation farmer

11. Industry or business

12. Name Alfred McDaniel

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

14. Maiden name Elizabeth Wolf

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

Major findings:
Of operations none

Of autopsy none

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

16. (a) Informant Mrs. Myrtle Banta

(b) Address Clifton Hill, Missouri

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?

17. (a) burial (b) Date thereof 8/30/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cemetery

18. (a) Signature of funeral director Tom B Patton

(b) Address Hunterville Mo.

23. Signature W. D. Dreyer (M. D. or other M.D.)
Address Hunterville Mo. Date signed 9/1/43

19. (a) 9-1-43 (b) Mrs. P. Dreyer
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number ~~SEP 16 1943~~ 85434513

Date Filed ~~SEP 16 1943~~

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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 7

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 295

Primary Registration District No. 6013

Registrar's No. 51

1. PLACE OF DEATH

(a) County Randolph

(b) City or town Reual
(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 _____)

In this community _____ (Specify whether _____)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Randolph

(c) City or town Chariton Twp. Rnd
(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 Finis Rockwell McDaniel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race N

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Mar 4 1900
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I have seen him _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

8. AGE: Years 47 Months 6 Days _____ If less than one day _____ min.

9. Birthplace MO
(City, town, or county) (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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-1-43 (b) Mrs. P. H. Meyer
(Date received local registrar) (Registrar's signature)

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)

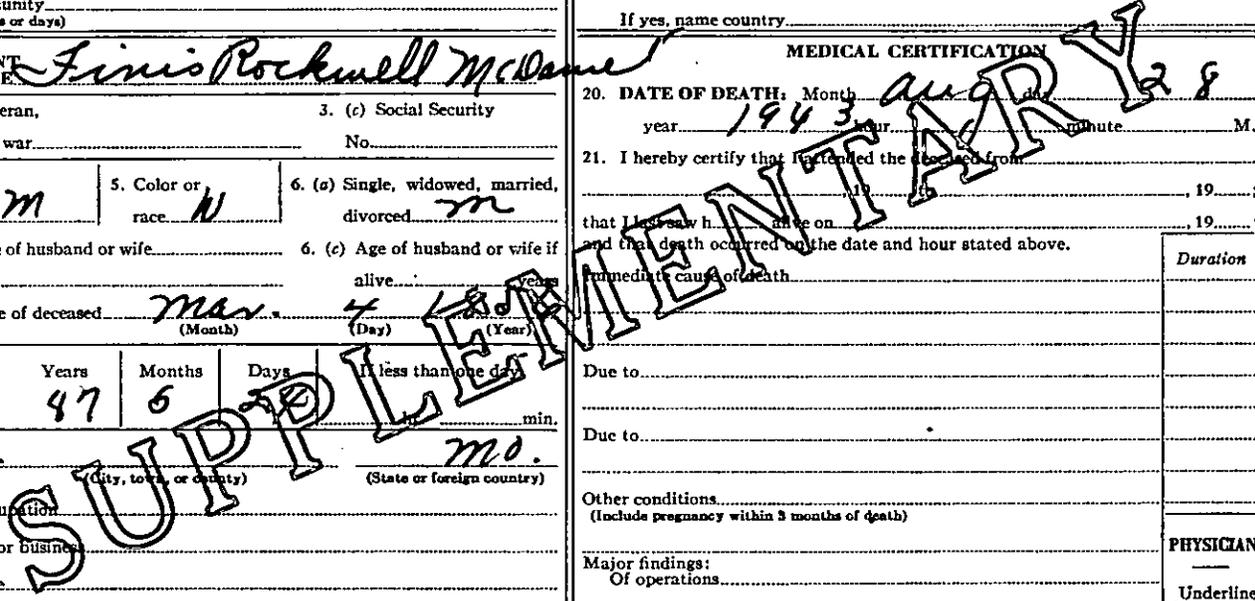
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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



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

29/35