

**FILED SEP 9 1943 26**

Primary Registration District No. **4482**

Registrar's No. **33**

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

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Memphis  
(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 \_\_\_\_\_  
In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scotland

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

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

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jerry Mae Daniels

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 16 - 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

8 20 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Harold R. Daniels

13. Birthplace Scotland Co. MO  
(City, town, or county) (State or foreign country)

14. Maiden name Florence Stoneking

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

16. (a) Informant Harold R. Daniels

(b) Address Memphis MO

17. (a) Burial (b) Date thereof Aug 7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland Quarters

18. (a) Signature of funeral director W. H. Jackson

(b) Address Memphis MO

19. (a) Aug 13 1943 (b) Bessie Nelson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6  
year 1943 hour 25 minute a.m.

21. I hereby certify that I attended the deceased from Aug 1 1943 to Aug 6 1943  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to mastoiditis

Due to measles

Other conditions (Include pregnancy within 3 months of death) 35

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature E. E. Parish (M. D. or other) \_\_\_\_\_  
Address Memphis MO Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 10

District File Number 9-43-1451

Date Filed SEP 8 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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.