

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 21 1943

149

Primary Registration District No. 1002

Registrar's No. 3794

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:  
**1206 East 9th. Street**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)  
**Over 50 years**

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

3. (a) PRINT FULL NAME **Nettie McDaniel**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **James Hamilton McDaniel**

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

7. Birth date of deceased **March 23 1865**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>78</b>	<b>5</b>	<b>6</b>	..... hr. .... min.

9. Birthplace **Centralia Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER {

12. Name **Patrick Moran**

13. Birthplace **County Claire Ireland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Burns**

15. Birthplace **Vermont**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lena Mohler**

(b) Address **1206 East 9th. Street**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **9-3-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cemetery**

18. (a) Signature of funeral director **J. F. O'Donnell**

(b) Address **3256 Broadway**

19. (a) **9-2-43** (Date received local registrar)

(b) **J. E. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **1206 East 9th. Street**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **29th.**  
year **1943** hour **11** minute **15 P.M.**

21. I hereby certify that I attended the deceased from.....  
**Coroner** to....., 19.....  
that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**arteriosclerotic heart disease**

Due to.....

Due to..... **93d**

Other conditions.....  
(Include pregnancy within 9 months of death)

Major findings:  
Of operations.....

Of autopsy **Inspection at Postmortem**

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature **J. E. Brown** (M. D. or other)

Address **16 C. Ave.** Date signed **8/30/43**

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Park S. Rowe  
Licensed Embalmer No. 2347  
P. O. Address 75 E. 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.**