S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. 82—

Primary Registration District No. 3017

Registrar's No. 159.

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution:
ALEXYAN RAVENS WAAY O HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS (Specify whether
In this community 4 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 78

(c) City or town Jamestown "Rural"
(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 EDW. P McDANIELS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary McDaniels

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct (Month) 1 (Day) 1884 (Year)

8. AGE: Years 59 | Months 2 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace Moniteau Co (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business same.

FATHER
12. Name John McDaniels
13. Birthplace Moniteau Co (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Alamanda Wilson
15. Birthplace Moniteau Co (City, town, or county) Missouri - 0 (State or foreign country)

16. (a) Informant Amaiel L. Pace
(b) Address Jamestown Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14. 43 (Month) (Day) (Year)
(c) Place: burial or cremation Jamestown Cemt

18. (a) Signature of funeral director Boulian Funeral Home
(b) Address California, MO

19. (a) Dec-12-43 (Date received local registrar) (b) Dr Chas Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12
year 1943 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from 12-8-43, 19__, to 12-12, 1943;
that I last saw him alive on 12-12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death PERITONITIS c̄ OBSTRUCTION

Due to PERFORATED PEPTIC ULCER

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration: 4 DAYS

Major findings:
Of operations PERFORATED PEPTIC ULCER
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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Aubrey H. Wells (M. D. ~~or other~~)

Address Boonville, Mo. Date signed 12-12 43

1088 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-5-44

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 Elare R. Boulin

Licensed Embalmer No. 2126

P. O. Address Calisonia, 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.