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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42494 271

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 324

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
401 N. Spring
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 58 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 401 N. Spring
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary M. Daniel
3. (b) If veteran, name war None
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 Stephen E. Daniel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 25 (Day) 1861 (Year)

8. AGE: Years 82 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Monroe Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name George Miles.
13. Birthplace Monroe Co (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Unknown Carriaco
15. Birthplace St. Louis Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Lester Daniel
(b) Address 502 N. Liberty, Indep. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cem.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 11-30-43 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 43 hour 6 minute P M.
21. I hereby certify that I attended the deceased from Nov 24, 1943, to Nov 28, 1943
that I last saw her alive on Nov 28, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	4 days
Due to Acute appendicitis	6 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. C. Hickerson (M. D. or other)
Address Independence Mo. Date signed 12/29/43

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd C. Larson

Licensed Embalmer No. 4199

P. O. Address Independence, 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.