

No. 2
2-43
17-30
X35637

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42610

State File No. _____

FILED JAN 14 1944

Registration District No. 155

Primary Registration District No. 4246

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carl Junction

(c) Name of hospital or institution: 204 Poplar St

(d) Length of stay: In hospital or institution 60 years

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carl Junction

(d) Street No. 204 Poplar

(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Nancy Jane Daniel

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 W

6. (b) Name of husband or wife Wm. Daniel

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased 2 15 1857

8. AGE: Years 86 Months 10 Days 15

9. Birthplace Blue Lick Springs Kentucky

10. Usual occupation Housewife

11. Industry or business _____

12. Name Enoch Marshall

13. Birthplace unknown

14. Maiden name Snapp

15. Birthplace unknown

16. (a) Informant Mrs Paul Vertogel

(b) Address Carl Junction Mo.

17. (a) Burial (b) Date thereof 12 31 43

(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Carl Jones

(b) Address Carl Junction Mo

19. (a) Dec 31 1943 (b) Mrs Gillis Sage

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1943 hour 10 minute 30 AM

21. I hereby certify that I attended the deceased from 1943 to Dec 29 1943

that I last saw her alive on Dec 29 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria of fauces

Duration 5 da

Due to Influenza

Due to _____

Other conditions _____

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? _____

(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 O L Alberts

Address Carl Junction Mo

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

MOTHER FATHER

29-1943

43-12-1063

00

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Japhin mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.