

FILED JAN 19 1944

State File No. \_\_\_\_\_

Registration District No. 187

Primary Registration District No. 3038

Registrar's No. 274

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 201 Market  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 40 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME JACOB LEWIS Mc DANIEL

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

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced 2 widowers

(b) Name of husband or wife Rebecca Ann McDaniel Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept - 29 - 1851  
(Month) (Day) (Year)

8. AGE: Years 92 Months 2 Days 27 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

9. Birthplace Chariton Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name D.N.  
13. Birthplace D.N. 9  
(City, town, or county) (State or foreign country)  
14. Maiden name D.N.  
15. Birthplace D.N. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Daniel  
(b) Address Brookfield Mo.

17. (a) Burial (b) Date hereof Dec-28-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Brookfield Mo

18. (a) Signature of funeral director Hill Funeral Chapel  
(b) Address Brookfield

19. (a) 12-28-1943 (b) H. N. Cuman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Brookfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 201 Market  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26  
year 1943 hour 3:30 minute PM

21. I hereby certify that I attended the deceased from Dec 15  
1943, to Dec 26 1943  
that I last saw him alive on Dec 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Liver Pneumonia Duration 11 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 108  
(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?

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

(e) Means of injury \_\_\_\_\_

23. Signature H. N. Cuman (M. D. or other) P.O.  
Address Brookfield Mo Date signed 12-26-43

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

MOTHER FATHER

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**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: *J. H. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield, 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.**