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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3671

Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 3

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town RURAL - MOREAU (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE TIME years, months or days)

2. USUAL RESIDENCE OF DECEASED: 71

(a) State MISSOURI (b) County MORGAN
(c) City or town RURAL - MOREAU (If outside city or town limits, write "RURAL")
(d) Street No. 4 MI. N. OF VERSAILLES (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THOMAS J. DANIELS

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MARY MURRAY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT (Month) 5TH (Day) 1869 (Year)

8. AGE: Years 74 Months 3 Days 29 If less than one day hr. min.

9. Birthplace MORGAN CO - MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARMING

FATHER
12. Name JOEL DANIELS
13. Birthplace ENGLAND (COUNTRY) (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name REBECCA MOORE
15. Birthplace VA. (STATE) (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clarence Jenkins
(b) Address Versailles Mo
17. (a) BURIEL (Burial, cremation, or removal) (b) Date thereof 1-6-44 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ GLENSTED CEMETARY
18. (a) Signature of funeral director [signature]
(b) Address Versailles Mo
19. (a) 1-5-1944 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

1024

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 4TH year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-17-, 1943, to Jan-4-, 1944 that I last saw him alive on Jan-3-, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	4 days
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	3 yrs

8 3a1

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 A. J. Gunn (M. D. ~~or other~~)
Address Versailles Mo. Date signed 1-5-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-44-87
Date Filed 2-7-44

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 [illegible]

Licensed Embalmer No. 1596

P. O. Address. Versailles 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.