

Registration District No. 236

Primary Registration District No. 5818

4. 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: 1
 (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:

(a) State MISSOURI (b) County MORGAN
 (c) City or town RURAL - MOREAU
 (If outside city or town limits, write "RURAL")
 (d) Street No. 10 MI. N.E. OF VERSAILLES
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH C. MEDANIEL

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 WIDOWED
 6. (b) Name of husband or wife MILTON MEDANIEL 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAY 16 1859 (Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace MORGAN CO., MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOME

MOTHER FATHER { 12. Name MARTIN V. SCOTT
 13. Birthplace KENTUCKY (STATE) (City, town, or county) (State or foreign country)
 14. Maiden name JOAN GRAHAM
 15. Birthplace KENTUCKY (STATE) (City, town, or county) (State or foreign country)

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

17. (a) BURIAL (b) Date thereof 1-7-44 (Month) (Day) (Year)
 (c) Place: burial or cremation MOREAU CEMETARY

18. (a) Signature of funeral director P. F. Eckhoff
 (b) Address Versailles Mo

19. (a) 1-7-1944 (b) Ray Berkstrom (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 5TH year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 4 1944 to Jan 5 1944 that I last saw her alive on Jan 4 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Lobar)

Due to _____
 Due to 100

Other conditions Chronic Myocarditis years (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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? _____ (r) Means of injury _____
 23. Signature P. F. Eckhoff (M. D. or other) 2 D.O.
 Address Versailles Mo Date signed 1/6/44

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

RECEIVED

District Health Officer No. 7,

District File Number 1-44-89

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 J. F. Kimmel

Licensed Embalmer No. 1596

P. O. Address W. Valley 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.