

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 119 Park Hill  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 37 Years  
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia  
(If outside city or town limits, write "RURAL")

(d) Street No. 119 Park Hill  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT WALDO WARDEN DAILY  
FULL NAME

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Daily 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 10 - 22 - 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>12</u>	hr. _____ min.

9. Birthplace Brunswick Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Internal Revenue Collector

11. Industry or business \_\_\_\_\_

12. Name William Wallace Daily

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Gillie Olive Warden

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.W. Daily

(b) Address 119 Park Hill, Columbia, Mo.

17. (a) Burial (b) Date thereof 1-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parsons Funeral Service

(b) Address Columbia, Mo.

19. (a) 1-28-44 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24  
year 1944 hour 9:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from December 21, 1943, to Jan. 24, 1944  
that I last saw him alive on Jan. 24, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion Duration 4 hrs.

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

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

Other conditions (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? \_\_\_\_\_

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

23. Signature Edwin E. Schmitt (M.D. or other) \_\_\_\_\_

Address Columbia, Mo. Date signed 1/28/44

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

MOTHER FATHER

12521

1944

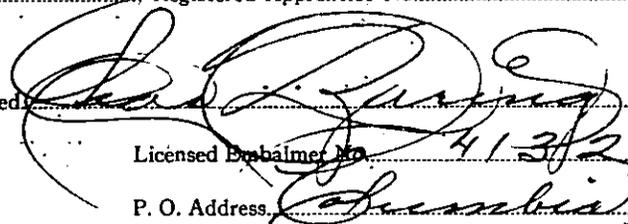
SEP 12 1944

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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed: .....

Licensed Embalmer No. 4132

P. O. Address. Columbia, 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.