

FILED MAY 11 1944

State File No. _____

Registration District No. 1000

Primary Registration District No. _____

Registrar's No. 323

1. PLACE OF DEATH:

(a) County Byham
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 2 days
(Specify whether
In this community _____
years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway
(c) City or town Maitland
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PHILIP DAISE

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: W

6. (b) Name of husband or wife: Alma Margaret Daise 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 3 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation: R. Farmer

11. Industry or business _____

12. Name John Daise
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Meyer
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant: J. C. Daise

(b) Address: Chassant Mo

17. (a) Burial (b) Date thereof: 4-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Byham Mo. C.P.C.

18. (a) Signature of funeral director: Campbell Funeral Home
(b) Address: Marionville Mo

19. (a) 4-5-44 (b) W. E. Hedges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3
year 1944 hour 8 minute 55 a.m.

21. I hereby certify that I attended the deceased from March 31, 1944 to April 2, 1944
that I last saw him alive on April 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Duration: Unknown

Due to: Arteriosclerosis-general
Duration: Unknown

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration

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: Alma D. Daise (M. D. or other) Med.
Address: 214 S. 1st St. St. Joseph, Mo. Date signed: 4-3-44

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

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

Marjorie Lulu Campbell, Registered Apprentice No. *360*
working under my personal supervision.

Signed *William Campbell*

Licensed Embalmer No. *3670*

P. O. Address *Marysville 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.