V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23656

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 2886

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since July 6th, 1944 (Specify whether
In this community since late 1890s 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: -48

(a) State Missouri (b) County Jackson, 1

(c) City or town Lee's Summit, 0
(If outside city or town limits, write "RURAL")

(d) Street No. Lake Lotawana,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x 1

3. (a) PRINT FULL NAME Charles C. Daniel, Sr.

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife Mrs. Mattie Lee Daniel

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased September (Month) 6 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	5	hr. min.

9. Birthplace Webster Groves, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation President

11. Industry or business Central Storage Company,

FATHER
12. Name Charles T. Daniels,
13. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)

16. (a) Informant Charles C. Daniel, Jr.
(b) Address Lake Lotawana, Lee's Summit, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Lee's Summit, Missouri

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-12-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th,
year 1944 hour 9:50 minute P. M.

21. I hereby certify that I attended the deceased from
Pathologist to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death
1- Acute intestinal obstruction due to old peritoneal bands
Due to 2- Ileitis - paralytic
3- Peritonitis
Due to
Other conditions
(Include pregnancy within 3 months of death)
122
Major findings:
Of operations
Of autopsy yes.

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

23. Signature Wm. K. Trimble 0 (M. D. or other)
Address Trimble Hosp Date signed 7/12/1944

(Licensed Embalmer's Statement on Reverse Side)

Dr. Oglvie and Goodson, Jr.

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.