S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 16

State File No. 30537

Registrar's No. 914

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days) In this community: 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1708 Colhoun (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John Robert McDaniel Jr
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept (Month) 17 (Day) 1944 (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

9. Birthplace: St Joseph (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: None
11. Industry or business:

FATHER
12. Name: John R. McDaniel
13. Birthplace: St Joseph (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name: Virginia Lee
15. Birthplace: Albany (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant: Virginia McDaniel
(b) Address: St Joseph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Albany Mo.
18. (c) Signature of funeral director: Freeman & Son Inc
(b) Address: St Joseph, Mo.
19. (a) 9/18/44 (Date received local registrar) (b) Helen B. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1944 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from Sept 17, 1944 to Sept 17, 1944; that I last saw him alive on Sept 17, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Premature - (6 months). — Duration

Due to:

Due to:

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

Major findings:
Of operations:
Of autopsy: None

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: Frank H. Hardigan (M. D. or other)
Address: 620 Francis Date signed: 9/18/44

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(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.