

V. S. No. 2
FORM-8-43
rev. 5-17-39
I X37823

33087

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 24 1944

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 4004

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: 1432 Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
(Specify whether years, months or days)

In this community 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1432 Jefferson
(If rural, give location)

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

3. (a) PRINT FULL NAME GEORGE B. DANIELS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Ma 5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Daniels

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 19 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1944 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept 30
1944 to Oct 4 1944

that I last saw him alive on Oct 3 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>3</u>	<u>15</u>	hr. _____ min. _____

Immediate cause of death: Coronary thrombosis

Due to: Hypertension 10 yrs

Due to: _____

9. Birthplace Metropolis Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painting Contractor

Other conditions 94a
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Wm. Daniels

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

14. Maiden name Elizabeth Brennon

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lula Daniels

(b) Address 1432 Jefferson

17. (a) Burial (b) Date thereof 10-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director: J. M. Wagner
Kansas City, Mo.

(b) Address _____

19. (a) 10-6-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature James H. O'Neil (M. D. or other)
Address 510 Professional Bldg 10-6-44

Prof 129
HA 0550

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..... *Cecil R. Matthes*

Licensed Embalmer No. *3807*

P. O. Address *Kansas City, 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.