

S. No. 2
OM-5-43
v. 5-17-39
X36671

FILED NOV 8 1944

Registration District No. **42** Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County **Buglar**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **The Meth Hospital, St. Joseph**
(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 **4 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay 24**

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

(d) Street No. **Smithville Mo. R.F.D. #2**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **IVA MAY McDANIEL**

3. (b) If veteran, name war **-**

3. (c) Social Security No. **-**

4. Sex **F** 5. Color or race **W**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **6 7 76**
(Month) (Day) (Year)

8. AGE: Years **68** Months **4** Days **15**
If less than one day hr. min.

9. Birthplace **Clay Co. Mo.**
(City, town or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business **Home**

12. Name **Richardson E. Hulce**

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

14. Maiden name **Katherine Rollins**

15. Birthplace **Smithville Mo.**
(City, town or county) (State or foreign country)

16. (a) Informant **Mrs. Frances K. McJure**

(b) Address **Trimble Mo.**

17. (a) **Burial** (b) Date thereof **10 23 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Paradise Cem.**

18. (a) Signature of funeral director **Rollins-Rush**

(b) Address **Edgerton, Mo.**

19. (a) **10-23-44** (b) **Helem R. Noble**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **22**
year **1944** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Oct 18** 19**44** to **Oct 22** 19**44**
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to _____

Due to **130** **Less 1 day**

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

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

23. Signature **Clyton Paul** (M. D. or other) **U Md**
Address **St. Joseph Mo.** Date signed **10-25 1944**

1377

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 *Furman Rollins Nash*

Licensed Embalmer No. *3947*

P. O. Address *Edgerton 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.