

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37788**  
Registrar's No. **942**

FILED DEC 7 1944  
Registration District No. **2000**

Primary Registration District No. **2000**

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

**1. PLACE OF DEATH:**  
(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Springfield Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **18 days**  
In this community **50 years** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **220** **State Street**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME** **Claude McDaniel**  
(b) If veteran, name war **Unknown**  
(c) Social Security No. **Unknown**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **November** day **29th**,  
year **1944** hour **1:45** minute **P.** M.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **UNK.** 6. (c) Age of husband or wife if alive **UNK.** years  
7. Birth date of deceased **September 9, 1891**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**Nov. 11** to **Nov. 19**  
that I last saw him alive on **Nov. 29, 1944**  
and that death occurred on the date and hour stated above.

**8. AGE:** Years **53** Months **2** Days **20**  
If less than one day hr. min.

Immediate cause of death  
**Cirrhosis of Liver**

9. Birthplace **Springfield, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Emp. Reynolds Mfg Co.**

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death) **12H**

**MOTHER FATHER**  
11. Industry or business  
12. Name **George McDaniel**  
13. Birthplace **Greene County, Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Cerlude Buster**

**PHYSICIAN**  
Major findings:  
Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

15. Birthplace **Unknown Tennessee**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Mrs. L. L. Deitrick**  
(b) Address **Springfield, Missouri**  
17. (a) **Burial** (b) Date thereof **Dec. 6 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hazelwood 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 **Alm SpLohmyer Funeral Home**  
(b) Address **Springfield, Missouri**  
19. (a) **12-1-44** (b) **S. W. Handley**  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury  
23. Signature **S. W. Handley** (M. D. or other)  
Address **Springfield, Mo.** Date signed **11-29-44**

SEP 18 1947

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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

*Harlow Knable*

Licensed Embalmer No.

*4065*

P. O. Address

*Springfield, 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.**