

FILED JUL 9 1945

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 197

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 minutes
(Specify whether years, months or days)
In this community 10 minutes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural 103
(If outside city or town limits, write "RURAL")
(d) Street No. Near Adams was Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLETIS CHARLES DANIEL, JR.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 28 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months 29 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Bell City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Cletis Daniel Sr.

13. Birthplace Near Advance Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bernice Wilkerson

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

16. (a) Informant Verneal Daniel
(b) Address Advance Missouri

17. (a) Burial (b) Date thereof May 30 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Bell City

18. (a) Signature of funeral director Ray S Morgan
(b) Address Advance Mo
19. (a) 7-3-45 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th year 1945 hour 3 minute _____ P.M.

21. I hereby certify that I attended the deceased from May 27 1945 to May 27 1945
that I last saw him alive on May 27 and that death occurred on the date and hour stated above.

Immediate cause of death Cyanide Stenosis

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

Major findings: Of operations _____
Of autopsy _____

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? _____

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

23. Signature E. C. Mastus (M. D. or other) _____
Address Advance Mo Date signed June 4 1945

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6
1
4

RECEIVED
District Health Officer No. 4
District File Number 745-791
Date Filed 2-6-45

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.....

Lloyd S Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lloyd S Morgan*.....

Licensed Embalmer No. 33611

P. O. Address *Advance, 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.