

S. No. 2  
DM-2-43  
v. 5-17-39  
P-1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25333**

**FILED** **III 30 1945**  
Registration District No. **373**

Primary Registration District No. **4245**

Registrar's No. **43**

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

1. PLACE OF DEATH:

(a) County Webster, Co.

(b) City or town Marshfield Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Washington St Marshfield MO  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 28 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster

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

(d) Street No. Washington St  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN MCDANIEL

3. (b) If veteran, name war X

3. (c) Social Security No. 500-10-0054

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Hattie

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 1881  
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 23 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Alabama (City, town, or county) \_\_\_\_\_ (State or foreign country) 1

10. Usual occupation Land

11. Industry or business Furniture Mfg Co

12. Name Samuel M Daniel

13. Birthplace unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) 0

14. Maiden name Clara Curry

15. Birthplace unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) 9

16. (a) Informant Hattie M Daniel

(b) Address Marshfield Mo

17. (a) Burial (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 6-7-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Claret Hill

18. (a) Signature of funeral director Ray Rainey

(b) Address Marshfield Mo

19. (a) JUNE 12-45 (Date received local registrar) (b) Charlette Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 5  
year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 20<sup>th</sup> 1945 to June 5 1945;  
that I last saw him alive on June 15<sup>th</sup> 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning Duration 2 days

Due to Carcinoma of prostate gland about 1 yr

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 51W

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature A. E. Ruddy (M.D. or other) MD  
Address Marshfield Mo Date signed 6-13-45

1244

RECEIVED

District Health Officer No. 6

District File Number 745-829

Date Filed JUL 27 1945

*Handwritten notes and signatures at top right.*

*Handwritten initials or numbers.*

*Handwritten name: JOHN W. DANIEL*

200-10-0084

906

1880

*Handwritten notes and signatures in the middle section.*

1945

*Handwritten notes and signatures at the bottom of the middle section.*

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

3312

*on ambful, 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.