

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 24 1945

Registrar's No. 29

Registration District No. 12

Primary Registration District No. 4055

1. PLACE OF DEATH:

(a) County Burchess
(b) City or town Easton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Burchess
(c) City or town Easton
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) foreign born, how long in U.S. in? No years

3. (a) PRINT FULL NAME Howard Elton Daniels

MEDICAL CERTIFICATION
Aug, 18

3. (b) If veteran, name war _____ 3. (c) Social Security No. 482051338

20. DATE OF DEATH: Month Aug, day 19, year 1945 hour 9 minute 45 P. M.

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace Daniels 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Dec 20 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug, 19 1945 to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received when struck by Auto on Highway Duration _____

8. AGE: Years 46 Months 8 Days 28 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

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

10. Usual occupation Labour

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

11. Industry or business _____
12. Name William Daniels
13. Birthplace Clinton Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Lillian Sellers
15. Birthplace Clinton Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Grace Daniels
(b) Address Easton Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Aug 18 1945
(c) Where did injury occur? Near Easton, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway

17. (a) Burial (b) Date thereof Aug 20 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Wesley evn.

While at work? no (Specify type of place) (e) Means of injury Auto

18. (a) Signature of funeral director H A Sellins
(b) Address Waver mo
19. (a) 8/20/45 (b) Shelton Gable (Date received local registrar) (Registrar's signature)

23. Signature B. W. Tadlock (M.D. or other) Coroner
Address King Hill Bldg Date signed 8/20/45

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

MOTHER FATHER

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

H A Sullivan

Licensed Embalmer No.

1738

P. O. Address

Gower Ave

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, above space should be left blank.