

No. 2
5-17-39
I X36671

FILED MAR 13 1946
Registration District No. 238

Primary Registration District No. 5821

State File No. _____
Registrar's No. 135

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Charter Oak
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community all of life (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Mae Asker McDaniel

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Jahn McDaniel 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased July 28 1919
(Month) (Day) (Year)

8. AGE: Years 26 Months 6 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Charter Oak - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name A. C. Asker

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

14. Maiden name Vernie Wilson

15. Birthplace Black Ford 1941
(City, town, or county) (State or foreign country)

16. (a) Informant Husband

(b) Address Charter Oak Mo

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 2/3/46
(Month) (Day) (Year)

(c) Place: burial or cremation Matthews Cemetery

18. (a) Signature of funeral director Orville Taylor

(b) Address Highway Mo

19. (a) 2-11-46 (Date received local registrar) (b) Helward Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. RH (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1946 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1-30-46 to 2-2-46, 1946; that I last saw her alive on 2-2-46, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE MYOCARDITIS

Due to SPONTANEOUS ABORTION

Due to GESTATION 16 WEEKS

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

Major findings: _____

Of operations _____

Of autopsy U30

Duration _____

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) (e) Means of injury 3

23. Signature J. H. Gilbert (M. D. or other) Mo

Address Palma Mo Date signed 2/18/46

RECEIVED
District Health Office No. 2,
District File Number 346-361
Data Filed 3/12/46

DEC 9 1955

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.....

Licensed Embalmer No. 14399

P. O. Address Poplar Bluff

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.