V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1946

State File No. 22507

Registration District No. 5

Primary Registration District No. 4525

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Vernon

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Milo 0
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Emma Lee McDaniel

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Oct (Month) 25 (Day) 1888 (Year)

8. AGE: Years 57 Months 7 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Vernon Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Wm F. McDaniel

13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

14. Maiden name Laura A. McGooney

15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Brother

(b) Address .....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Marion Chapel Cemetery

18. (a) Signature of funeral director Kays Funeral Service

(b) Address Nevada Mo.

19. (a) June 27, 1946 (Date received local registrar) (b) Ruth Faith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1946 hour 2 AM minute A M.

21. I hereby certify that I attended the deceased from February, 1945, to June 22, 1946 that I last saw her alive on June 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Pernicious Anemia — Duration: about two years.

Due to: Don't know.

Due to: .....

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

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? ✓ (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature W. B. Love M.D. (M. D. or other)

Address Nevada, Mo. Date signed 6/23/46.

330 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 6-46-718
Date Filed 7-10-46

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 H Marmaduke

Licensed Embalmer No. 2070

P. O. Address Nevada, 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.