No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26132

State File No.

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 242

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(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 years, months or days)
In this community: 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No.: 504 N. Baltimore (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Harold G. Daudel
3. (b) If veteran, name war: World War II
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lois Daudel
6. (c) Age ~~of husband or~~ wife if alive: 23 years
7. Birth date of deceased: Sept. (Month) 3 (Day) 1918 (Year)

8. AGE: Years 27 | Months 11 | Days 18 | If less than one day ___ hr. ___ min.

9. Birthplace: Andrew (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Electrician
11. Industry or business: Building
MOTHER FATHER
12. Name: J. H. Daudel
13. Birthplace: Andrew (City, town, or county) Iowa (State or foreign country)
14. Maiden name: Emma Ellerman
15. Birthplace: Grogneville (City, town, or county) Iowa (State or foreign country)
16. (a) Informant: J. H. Daudel
(b) Address: Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park Cem.
18. (a) Signature of funeral director: Dauts Funeral Home
(b) Address: Kirksville, Mo.
19. (a) 9-3-46 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1946 hour 5 minute P.M.
21. I hereby certify that I attended the deceased from August 20, 1946, to August 21, 1946, that I last saw him alive on August 21, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory & Cardiac failure in — Duration
Infantile Paralysis (Acute Ascending Type) — 2 days
Due to: (Acute Anterior Poliomyelitis)
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: NO

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:

23. Signature: Howard E. Gross (M. D. or other) D.O.
Address: Kirksville Mo. Date signed 8-26-46

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1948

OCT 24 1946

OCT 18 1946

RECEIVED
District Health Officer No. 10
District File Number 9-46-1714
Date Filed SEP-1-1-1946

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Clarence M. Bello

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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.