S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29558

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1119

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether
In this community 41 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1223 North 2nd 7
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bonnie Eloise Daniels

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Allen E.

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June (Month) 10 (Day) 1881 (Year)

8. AGE: Years 65 Months 3 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Watson (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George N. Dragoo
13. Birthplace -- (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Sarah E. Shelton
15. Birthplace -- (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Allen E. Daniels
(b) Address St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Mo.

19. (a) Oct 3, 1946 (Date received local registrar) (b) H. J. Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1946 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept. 3, 1946, to Sept. 30, 1946; that I last saw her alive on Sept. 30, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerulonephritis — Several months

Due to Hypertensive Heart disease

Due to Hypertension

Diabetes

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61

Of autopsy No autopsy

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 [signature] (M.D. or other)

Address 620 Francis St St. Joseph, Mo. Date signed 10/2/46

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 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, ~~or by~~ XXX

....., ~~Registered Apprentice No.~~ X.....,

working under my personal supervision.

Signed Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.