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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14170

Registration District No. 207 Primary Registration District No. 5255 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Mares
(b) City or town ~~Argyle~~ Rural, Jackson
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Mares
(c) City or town ~~Argyle~~ Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Edward McDaniel
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary M McDaniel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 (Month) - 3 (Day) 1860 (Year)

8. AGE: Years 86 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Virginia (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Joseph McDaniel
13. Birthplace Osage Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth McDaniel
15. Birthplace Osage Co Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Grace McDaniel
(b) Address Argyle Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Argyle Mo
18. (a) Signature of funeral director M C Plummer
(b) Address Vienna Mo.
19. (a) 4-15-47 (Date received local registrar) (b) Pauline Hanna (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th year 1947 hour 1:00 minute P.M.
21. I hereby certify that I attended the deceased from 4-6-1947, 19..., to 4-9-1947, 19..., that I last saw him alive on 4-9-47, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Left Ventricular failure — Duration 2 yrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 95?
Major findings: Of operations
Of 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?
While at work? (Specify type of place) (e) Means of injury

23. Signature W. H. Moore (M. D. or other) DO
Address Argyle, Date signed 4-14-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 4-21-47

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 W. C. Birmingham

Licensed Embalmer No. 3664

P. O. Address Oregon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Items #9,12,13,14,15 amended by affidavit of GGGranddaugh and verified by 1880 Census of Missouri 7-13-90

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14170

Registration District No. 207 Primary Registration District No. 5755 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Maries

(b) City or town ~~Argyle~~ Rural, Jackson (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 ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Maries

(c) City or town ~~Argyle~~ (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. Jackson Township (If rural, give location)

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

If yes, name country ✓

(a) PRINT FULL NAME Joseph Edward McDaniel

2. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary N McDaniel

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

7. Birth date of deceased 10 (Month) - 3 (Day) 1860 (Year)

8. AGE: Years 86 Months 6 Days 11 If less than one day ... hr. ... min.

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

10. Usual occupation Farmer

11. Industry or business ✓

12. Name John N. McDaniel

13. Birthplace Amherst Co Virginia (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth McDaniel

15. Birthplace Tennessee Mo (City, town, or county) (State or foreign country)

(a) Informant George McDaniel

(b) Address Argyle Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Argyle Mo

18. (a) Signature of funeral director W C Cunningham

(b) Address Vienna Mo.

19. (a) 4-15-47 (Date received local registrar) (b) Pauline Howard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th year 1947 hour 1 to minute P.M.

21. I hereby certify that I attended the deceased from 4-6-47 19 to 4-9-47 19 that I last saw him alive on 4-9-47 19 and that death occurred on the date and hour stated above.

Immediate cause of death Left Ventricular failure — Duration 2 yrs.

Due to ...

Due to ...

Other conditions (Include pregnancy within 3 months of death) 95

Major findings: Of operations ...

Of 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) 2

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

23. Signature W. H. Moore (M. D. or other) DO

Address Argyle Date signed 4-14-47

183

(Licensed Embalmer's Statement on Reverse Side)