

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town East Prairie, MO.
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town East Prairie
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louisa Daniel

3. (b) If veteran, name war v

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1947 hour 1:10 minute AM

4. Sex Female 5. Color or race Colored

6. (a) Name of husband or wife Mark Daniel 6. (c) Age of husband or wife if
March 25 1877 alive 74 years

21. I hereby certify that I attended the deceased from about
Jan, 1945, to March 24, 1947
that I last saw her alive on March 22, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 11 Days 29 If less than one day
hr. _____ min. _____

Immediate cause of death Cerebral apoplexy Duration _____

9. Birthplace Henry Tennessee
(City, town, or county) (State or foreign country)

Due to SIB

Due to _____

10. Usual occupation Domestic

Other conditions Atrial fibrillation
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings:
Of operations 43A

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Moie Thigpen

13. Birthplace Henry Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Chapman

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

16. (a) Informant Mark Daniel

(b) Address East Prairie, Mo. Rte 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-47
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Wm. Shelby

(b) Address East Prairie, Mo.

19. (a) 4-9-47 (Date received local registrar) (b) Bertrude G. Harper (Registrar's signature)

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)

Means of injury Stroke

23. Signature Geo. W. Whitaker (M. D. or other) _____
Address East Prairie, Mo. Date signed 4/4/47

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

RECEIVED

District Health Office No. 2

District File Number 447-600

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 Francis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.