S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23219

FILED JUL 3 1947

Registration District No. 3 1 2

Primary Registration District No. 62 64

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Seymour Mo Rt 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Hazelwood T.W.P.
(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 Missouri (b) County Webster 112

(c) City or town Seymour Route 1 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Clinton Elvin McDaniel

3. (b) If veteran, name war .....

3. (c) Social Security No. 486-16-5880

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Neva McDaniel

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased June (Month) 26 (Day) 1914 (Year)

8. AGE: Years 32 Months 11 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Webster County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business .....

FATHER
12. Name Jeff McDaniel
13. Birthplace Webster County (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Bertha McCormick
15. Birthplace Webster County (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Neva McDaniel
(b) Address Seymour Mo Rt 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 2 (Day) 1947 (Year)
(c) Place: burial or ~~cremation~~ Liberty Cemetery

18. (a) Signature of funeral director Kelley, Terrell, Bergman
(b) Address Seymour Mo.

19. (a) June 5 (Date received local registrar) (b) Gilbert Jones (Registrar's signature) 2 1 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1947 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from 5-3 1947 to 5-31 1947 that I last saw him alive on 5-5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Bound

Due to Sarcoma

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

46 E

Duration

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 E G Beers (M. D. ~~or other~~)

Address Seymour MO Date signed 6 2 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 647-692
Date Filed JUN 30 1947

JUL 3 1947

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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.