

Registration District No. **69**

Primary Registration District No. **5273**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County **Christian**  
(b) City or town **rural - Porter**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Christian**  
(c) City or town **rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Route #1**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**  
year **1947** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 1<sup>st</sup>** 19**47**, to **July 24** 19**47**  
that I last saw him alive on **July 2** 19**47**  
and that death occurred on the date and hour stated above

Immediate cause of death **Angina Pectoris or Coronary Thrombosis**  
Duration **2 1/2 hours**

3. (a) PRINT FULL NAME **James Lee Ray McDaniel**  
3. (b) If veteran, name war **✓**  
3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Emma McDaniel** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 21 - 1871**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **2** Days **3** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business \_\_\_\_\_

12. Name **William McDaniel**  
13. Birthplace **unknown**  
14. Maiden name **Matilda Shipman**  
15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Steve Bolin**  
(b) Address **Mapa - Mo. R-1**

17. (a) **Burial** (b) Date thereof **7-27-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **McConnell Cem.**

18. (a) Signature of funeral director **J.W. Maples**  
(b) Address **Clever, Mo.**

19. (a) **July 28 1947** (b) **Alline Dreier**  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **G.P.**  
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) While at work? \_\_\_\_\_ (e) Means of injury **U**

23. Signature **A.R. Farthing** (M. D. or other) \_\_\_\_\_  
Address **Mapa, Mo.** Date signed **July 28 1947**

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

200

270

RECEIVED  
District Registrar  
District File No. 847-904  
Date Filed AUG 27 1947

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**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 JW. Maples  
Licensed Embalmer No. 2985  
P. O. Address Clever, 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.**