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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 15 1947

Registration District No. 272

Primary Registration District No. 6153

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. Near Bell City, Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME JAMES HENRY McDANIEL

3. (b) If veteran, name war none

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ 1946 to Sept 4 1947
and that I last saw him alive on Sept 1 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude McDaniel 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. 28 1881
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (includes pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>6</u>	<u>6</u>	hr. _____ min. _____

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

Major findings: Of operations 9310

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farming

11. Industry or business _____

12. Name Jeff McDaniel

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

14. Maiden name Sarah Jordan

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

16. (a) Informant Gertrude McDaniel

(b) Address Bell City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cem

18. (a) Signature of funeral director Clay S. Morgan

(b) Address Advance, Mo

19. (a) Oct 7, 1947 (Date received local registrar) (b) E. J. Stroup (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) (a) Means of injury 2

23. Signature E. C. Masters (M. D. or other) MD.

Address Advance, Mo Date signed 9-10-47

RECEIVED

District Health Office No. 2,

District File Number 1047-1243

Date Filed 10-14-47

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.....

working under my personal supervision.

Lloyd S. Morgan Jr., Registered Apprentice No. 430

Signed Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, Md

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.