

No. 2
I-1/47
5-17-39

Registration District No. 242

Primary Registration District No. 5999

State File No.

Registrar's No.

1. PLACE OF DEATH

(a) County Ralls

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

(c) Name of hospital or institution:
Home
(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 Ralls

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

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

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

3. (a) PRINT FULL NAME James T Daniels

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

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1947 hour..... minute 12 a.m.

21. I hereby certify that I attended the deceased from July 30, 1946, to Oct 13, 1947
and that death occurred on Oct 12, 1947
that I last saw him alive on.....
Duration

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret

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

7. Birth date of deceased: October 25 1887
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of the neck

Due to..... unknown neck

Due to..... unknown

Other conditions..... None
(Include pregnancy within 8 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>11</u>	<u>19</u>	hr..... min.

9. Birthplace: Ralls Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business.....

12. Name Chas Daniel

13. Birthplace Pike Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hamilton

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

16. (a) Informant Margaret Daniels
(b) Address R. Center MO

17. (a) Burial (b) Date thereof 10-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookview Burial Park

18. (a) Signature of funeral director James O'Donnell
(b) Address Center MO

19. (a) 11-15-1947 (b) Clyde A. Wiley
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations..... None

Of autopsy..... None

PHYSICIAN
Underline the cause of 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..... 2

23. Signature C. H. Brooks (M. D. or other) D.O.
Address Center, Mo Date signed 10-21-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 12-47-1654
Date Filed DEC - 4 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 H. M. O'Connell

Licensed Embalmer No. 3887

P. O. Address Hannibal, 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.