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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9477

Registration District No. 225 Primary Registration District No. 5797 Registrar's No.

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Fortuna
(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
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Moniteau
(c) City or town Fortuna
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country Native

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3. (a) PRINT FULL NAME JOHN-LEEPER-McDANIEL
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marvin McDaniel
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 7 (Month) 22 (Day) 1868 (Year)

8. AGE: Years 79 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Akinsville (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name William L McDaniel
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Lucindia Snodgrass
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs J L McDaniel
(b) Address Fortuna Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Newkirk Ave
18. (a) Signature of funeral director Jennie E Richards
(b) Address Tipton Mo
19. (a) 3-15-48 (Date received local registrar) (b) Mrs. Maude Hudson (Registrar's signature) 202

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 23, 1948, to March 12, 1948 that I last saw him alive on March 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	month
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

162 B

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 P. F. Eckhoff (M. D. or other) D.O.
Address Versailles, Mo. Date signed 3-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number----------
Date Filed ----------

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 James E. Richards.

Licensed Embalmer No. 2466

P. O. Address Jepton Me

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.