S. No. 300
M—10-47
y. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12525
1444

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No.

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1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3118 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Mo. (b) County: Jackson 3
(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No.: 3118 Washington 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Maggie Emma Daniel
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: F. 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow 0
6. (b) Name of husband or wife: Joe S. Daniel
6. (c) Age of husband or wife if alive: No years
7. Birth date of deceased: July (Month) 29 (Day) ~~1948~~ 1868 (Year)
8. AGE: Years 79 | Months 6 | Days 3 | If less than one day ___ hr. ___ min.
9. Birthplace: Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Home
11. Industry or business:
FATHER 12. Name: Housan Hunn
FATHER 13. Birthplace: Mo. (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name: Tanty Davis
MOTHER 15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Donnie A. Coppinger
(b) Address: 3118 Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: Stine & McClure
(b) Address: Kansas City, Mo.
19. (a) 4-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1948 hour 2 minute 40 A.M.
21. I hereby certify that I attended the deceased from June 1, 1947, to April 1, 1948, that I last saw him alive on April 1, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	1 wk.
Due to: Rheumatic heart disease	25 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis generalized; thrombophlebitis left femoral v.	

Major findings:
Of operations: 0
Of autopsy: Above

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: J. Reid Jones (M. D. or other) M.D.
Address: 1107 Bryant Bldg. Date signed: 4-2-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Reed Jones
Beyond Bldg.
Coming by Here

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 Charles Stickney, Registered Apprentice No. 64, working under my personal supervision.

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K.C. 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.