DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22759

Registration District No. 111 Primary Registration District No. 5427 Registrar's No. 102

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Calvey Tp
(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) Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Calvey Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elsie O McDaniel
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb. 23 1868 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 28 If less than one day ___ hr. ___ min.

9. Birthplace Franklin Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business At Home
FATHER
12. Name Joel McDaniel
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Mayfield
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Will Shannon
(b) Address Roberts Ville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvey Cemetery
18. (a) Signature of funeral director Sherwood Kitchell
(b) Address St. Clair, Mo.
19. (a) June 22 48 (Date received local registrar) (b) Mary B. Gross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20 year 1948 hour 4 minute 30 a.m.
21. I hereby certify that I attended the deceased from April 2, 1948 to June 20, 1948 that I last saw her alive on June 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio Vascular Disease — Duration Years
Due to
Due to
Other conditions Myocardium Degeneration
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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
23. Signature W. E. Kitchell (M. D. or other)
Address St. Clair Date signed 6/20

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 15 1948

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 Sherwood Ketchell

Licensed Embalmer No. 3873

P. O. Address St Clair M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.