No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26455

FILED AUG 26 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3190

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

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: 6415 East 14th, St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 11 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 18
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 8
(d) Street No. 6415 East 14th, St.
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles E. McDaniel

3. (b) If veteran, name war No

3. (c) Social Security No. ~~None~~ 702-14-4875

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Nancy A. Mc Daniel

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan. (Month) 21st. (Day) 1873 (Year)

8. AGE: Years 75 Months 6 Days ~~3~~ 13 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation R. R. Section Foreman

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Nancy Mc Daniel
(b) Address 6415 East 14th, St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Earp & Sons
(b) Address 4139 East 15th St.

19. (a) 8-5-48 (Date received local registrar) (b) Gualdine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4th, year 1948 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from Nov. 1946 to Aug 4 1948 that I last saw him alive on Aug 4 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 97	
Of autopsy	

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? (State place)
While at work? Leo Vogan (c) Means of injury 2
23. Signature Leo Vogan (M. D. or other) DO
Address 3826 Troost Date signed 8/4/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 James W. Carp, Registered Apprentice No. 203, working under my personal supervision.

Signed John R. Carp

Licensed Embalmer No. 2953

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.