

FILED SEP 7 1948
Registration District No. **839**

Primary Registration District No. **6150**

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

1. PLACE OF DEATH:
(a) County **Stoddard**
(b) City or town **Rural New Lisbon T.S.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **7**
(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 **Stoddard** **103**
(c) City or town **Rural New Lisbon T.S.**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Emily McDaniel**
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **17**
year **1948** hour **Eleven** minute _____ A.M.

4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 31 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1940, to **Aug. 17, 1948**
that I last saw her alive on **Aug. 15, 1948**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 2 18 hr. min.

Immediate cause of death **Senility**
Due to _____
Due to _____

9. Birthplace **Boon County Indiana**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation _____
11. Industry or business **House Work,**

12. Name **T.H. Vanmatre**
13. Birthplace **Boon County Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Laurence**
15. Birthplace **Boon County Indiana**
(City, town, or county) (State or foreign country)

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? _____ (Specify Means of injury) **2**

16. (a) Informant **May Cobble,**
(b) Address **Kinder Mo., R.D.D.**
17. (a) **Burial** (b) Date thereof **8 - 18 - 48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **McGee Cemetary**

23. Signature **E. A. Masters** (M. D. or other) **Do.**
Address **Advance, Mo.** Date signed **8-23-48**

18. (a) Signature of funeral director **Watkins Service**
(b) Address **Puxico Missouri,**
19. (a) **8-28-48** (b) **Floyd Morgan**
(Date received local registrar) (Registrar's signature) **358**

PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 948-1105

Date Filed 9-4-48

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.....

Lynnan Steele

Licensed Embalmer No. 2476

P. O. Address Wester 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.