

FILED OCT 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32035

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1096

## 1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1120 S. 9th Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution not (Specify whether  
 In this community 12 years.  
 years, months or days)

3. (a) PRINT FULL NAME Henry Clay Daniel  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
 6. (g) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Anna Daniel  
 6. (c) Age of husband or wife if alive 13 years  
 7. Birth date of deceased June 13 1851  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
97 4 4 hr. min.

9. Birthplace Buchanan County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER  
 12. Name Unknown  
 13. Birthplace Unknown Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Taylor  
 15. Birthplace Unknown Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Duncan  
 (b) Address 1120 S. 9th St., St. Joseph, Mo.  
 17. (a) Removal (b) Date thereof Oct. 19, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Elmo, Missouri.

18. (a) Signature of funeral director Hatten Meierhoffer  
 (b) Address 1946 Colhoun St., St. Joseph, Mo.  
 19. (a) 10-21-48 (b) E. C. Jenkins  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1120 S. 9th Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th  
 year 1948 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 1st 1947 to Oct 17 1948  
 that I last saw him alive on Oct 17 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
 Due to age senility  
 Duration 3 days

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 110  
 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? \_\_\_\_\_  
 23. Signature Deron B. Hill (M. D.)  
 Address King Hill, Mo. Date signed 10/20/48

**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 *Albert E. Herrington*

Licensed Embalmer No. *3258* Missouri

P. O. Address *St. Joseph, 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.**