

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33857  
State File No. \_\_\_\_\_  
Registrar's No. 321

FILED OCT 19 1948

Registration District No. 376

Primary Registration District No. 6074

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Cantwell  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Cantwell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 25 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois  
(c) City or town Cantwell  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Marian Mc Daniel

3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ida Elizabeth Mc Daniel 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased May 26 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 4 9 hr. min.

9. Birthplace Weingarten Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business self

12. Name Jackson Mc Daniel

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Candacy Smith

15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida E. Mc Daniel

(b) Address Cantwell, Mo.

17. (a) Burial (b) Date thereof 10-8-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plesant Hill Cemetery

18. (a) Signature of funeral director C. Z. Boyer & Son

(b) Address Desloge, Mo.

19. (a) 10-9-48 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5  
year 1948 hour 5 minute 15 p.m.

21. I hereby certify that I attended the deceased from Oct 5  
1948 to Oct 5 1948  
that I last saw h. Alive alive on Oct 5 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism Duration 15 minutes

Due to Arterio-sclerotic heart disease

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. L. Foster (M. D. or other) MD

Address Desloge MO Date signed 10-7-48

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

MOTHER, FATHER

94  
0  
0  
0

RECEIVED

District Health Officer No. 4  
District File Number 1048-1302  
Date Filed 10-18-48

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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 C. Z. Loyer

Licensed Embalmer No. 1671

P. O. Address Deerberg, 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.