

FILED NOV 16 1948
Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1197**

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

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 60 years.

3. (a) PRINT FULL NAME Samuel Gates Daily

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Tillie L. Daily

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased October 11 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87	0	22	hr. min.
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9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Travling Salesman (Retired)

11. Industry or business Goetz Brewery

12. Name Charles M. Daily

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

14. Maiden name Nancy Murphy

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

16. (a) Informant Mrs. Tillie M. Daily

(b) Address 2314 Jules St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Nov. 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Halter Heierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 11-9-48 (b) G. K. 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. 2314 Jules 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 November day 3rd
year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 13 1948 to Nov 3 1948
that I last saw him alive on Nov 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo. pneumonia

Due to fracture right femur

Due to myocardial infarction

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1860

Of autopsy 14

Duration 4 days

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) accident

(b) Date of occurrence 10/12/48

(c) Where did injury occur? St. Joseph Buchanan Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place) cell floor
(c) Means of injury

23. Signature Frank J. Haidinger (M. D.)
Address 670 Pine St. Date signed 11/5/48

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 C. Harrington

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.