

Registration District No. 362

Primary Registration District No. 4531

Registrar's No. 57

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

1. PLACE OF DEATH: Warren  
 (a) County Warren  
 (b) City or town Warrenton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Katie Jane Memorial Home 4  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution one day  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cole 21  
 (c) City or town Jefferson City 5  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 112 Lafayette 4  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Rhoda Ella Daniels  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife William O. Daniels 6. (c) Age of husband or wife if alive 71 years  
 7. Birth date of deceased August 17, 1879  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 3 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Nashville Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name James Coleman  
 13. Birthplace \_\_\_\_\_ Penn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Rutherford  
 15. Birthplace \_\_\_\_\_ Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant William O. Daniels  
Katie Jane Mem. Home, Warranton, Mo.  
 (b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 12-3-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place of burial or cremation St. Louis County, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.  
Warrenton, Mo.  
 (b) Address \_\_\_\_\_

19. (a) 12/1/48 Mrs Vernell Watson  
 (Date received from Registrar) (Registrar's signature) W.O.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30  
 year 1948 hour 4:30 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from Nov 29  
1948 to Nov 30, 1948;  
 that I last saw him alive on Nov 30, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of the lung - Primary Right Breast 8 yrs  
 Due to Chronic Myocarditis - Heart failure - severe  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 W. O. Daniels (M. D. or other) \_\_\_\_\_  
 Address Warrenton Mo Date signed 12-1-48

RECEIVED  
District Health Officer No. 9,  
District File No. \_\_\_\_\_  
Date Filed DEC 8 1948

**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 John E. Herlinger

Licensed Embalmer No. 4409

P. O. Address: Warrenton, 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.**