

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Herman  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
304 So Olive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MATTIE E. McDaniel  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife William F. McDaniel  
6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased: April 10 1865  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 8  
If less than one day hr. min.

9. Birthplace Huntington Carol Co. Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business ✓

12. Name W. E. Enoch

13. Birthplace Unknown U.S.A.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Rosemary Dr. Myers

(b) Address 6316 Main St Kansas City Mo

17. (a) Burial (b) Date thereof Aug 20 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Henry Funeral Home

(b) Address Nevada East Missouri

19. (a) 1-3-49 (b) Nathaniel Hanger  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nevada  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 304 South Olive  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18  
year 1948 hour 11 minute 30 PM

21. I hereby certify that I attended the deceased from July 1 1948 to Aug 18 48 1948  
that I last saw her alive on 8-18 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 1/2 mo.

Due to Advanced age & Hypertension

Due to none

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? ✓ Means of injury ✓

23. Signature W. H. Jones (M. D. or other) MD

Address Nevada, Mo. Date signed 8/18/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 12-48-1507

Date Filed 1-5-49

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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.....

*L. B. Terry*

Licensed Embalmer No. ....

*1760*

P. O. Address.....

*Merode 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.**