

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		1428	
<b>I. PLACE OF DEATH</b> a. COUNTY <u>LACKSON</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lowers City</u>		c. LENGTH OF STAY (In this place) <u>UNKNOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		No permanent address <u>19 Oakley Ave</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BENTLEY No. 2</u>				d. STREET ADDRESS <u>UNKNOWN</u>					
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Sam</u> b. (Middle) <u>Ed</u> c. (Last) <u>Daniels</u>				<b>4. DATE OF DEATH</b> (Month) <u>3</u> (Day) <u>21</u> (Year) <u>1949</u>					
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>Col.</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>UNKNOWN</u>		<b>8. DATE OF BIRTH</b> <u>UNKNOWN</u>		<b>9. AGE</b> (In years last birthday) <u>About 68</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>UNKNOWN</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>UNKNOWN</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>UNKNOWN</u>	
<b>13a. FATHER'S NAME</b> <u>UNKNOWN</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>UNKNOWN</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>UNKNOWN</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>				<b>16. SOCIAL SECURITY NO.</b> <u>UNKNOWN</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>CORONERS OFFICE</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cardiac failure</u>  <b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause unknown</u> DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>7821</u>					
<b>19a. DATE OF OPERATION</b>				<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>No test found</u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Natural</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)					
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>					
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>									
<b>23a. SIGNATURE</b> <u>Hugh H. Owens</u> (Degree or title) <u>Coroner</u>				<b>23b. ADDRESS</b> <u>1534 Travis Bldg</u>				<b>23c. DATE SIGNED</b> <u>3-29-49</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Reburied</u>		<b>24b. DATE</b> <u>3/31/49</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>LAWRENCE, N.S.</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>LAWRENCE, N.S.</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>3-29-49</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Sheraldine Holmes</u>				<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>late Davis</u> <b>ADDRESS</b> <u>1513 Travis</u>			

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.