

REC'D JUN 20 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18576

Do not use this space.

1. PLACE OF DEATH

(a) County JasperRegistration District No. 419(b) Township McDonaldPrimary Registration District No. 65-23(c) City Carthage

(d) Street No. _____

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____

(Usual place of abode, if no street address, write county or city)

St. ☐

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFCharles B. McDaniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar 5, 1866

7. AGE

YEARS

72

MONTHS

2

DAYS

16If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Lima
Ohio

FATHER

13. NAME

Parker Baker14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio

MOTHER

15. MAIDEN NAME

Harriet Hawk16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio17. INFORMANT
(ADDRESS)Charles B. McDaniel
Route 1 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Buried DATE May 24, 193819. FUNERAL DIRECTOR (NAME)
(ADDRESS)Knue Mortuary
Carthage, Missouri

20. FILED

May 24, 1938 Mrs. W. A. Hall
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

May 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 26, 1932, to Apr 18, 1938

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Died soon after an
attack of probable cerebral
hemorrhage.

Date of onset

Other contributory causes of importance:

Hypertension &
long standing.

Name of operation

Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) D. K. O'Donovan, M. D.(Address) Carthage, Mo.

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 _____

Lucy Kneel-Buckner

Licensed Embalmer No. 2510

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, above space should be left blank.