

No. 2
1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20975 90
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State File No. _____
Registrar's No. 187

FILED JUL 19 1941

Registration District No. 1 Primary Registration District No. 1

1. PLACE OF DEATH:
(c) County Adair
(b) City or town Hillsboro, MO
(c) Name of hospital or institution: Community Nursing
(d) Length of stay: In hospital or institution 72 1/2 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Schuyler
(c) City or town Downing
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Wilborn Daniels
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (g) Single, widowed, married, divorced. Widowed
6. (h) Name of husband or wife Anne Daniels 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 9 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Schuyler to MO
(City, town, or county) (State or foreign country)

10. Usual occupation Meat cutter

11. Industry or business Same.

12. Name Eugene Daniels

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

14. Maiden name Josephine Schuyler

15. Birthplace Schuyler Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Daniels + Pearl Daniels
(b) Address Downing MO

17. (a) Burial (b) Date thereof June 22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lobermana
18. (a) Signature of funeral director Lloyd Moore
(b) Address Downing MO
19. (a) June 23/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1941 hour five minute TW P.M.
21. I hereby certify that I attended the deceased from June 19th to June 20 1941
that I last saw him alive on June 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure
Due to Arterio-sclerotic changes
Due to cerebral hemorrhage
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation
Of autopsy No autopsy

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) _____
(e) Means of injury _____
23. Signature H. R. Schultz
Address 100N Walnut Hills, MO Date signed 6/24/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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33

RECEIVED

District Health Officer No. 10

District File Number 7-41-1377

Date Filed JUL 16 1941

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3157

P. O. Address Douning 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.