REC'D AUG 1 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26177
Do not use this space.

1. PLACE OF DEATH
(a) County Macon 2 Registration District No. 527
(b) Township 1 Primary Registration District No. ~~5703~~ Registered No.
(c) City Bevier (d) Street No. 14313 St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 542 SARAH DANIELS
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (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): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: John Daniels
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 2 - 1862
7. AGE: Years 76 Months 9 Days 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Domestic
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): Chariton Co. Mo

FATHER
13. NAME: Levi Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chariton Co Mo

MOTHER
15. MAIDEN NAME: Sarah Ann Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chariton Co Mo

17. INFORMANT (ADDRESS): Luther Daniels Bevier, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: West Oakwood DATE: 7-9, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): M. E. Edwards Bevier Mo
20. FILED July 22, 1939 Edw. Simpson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7, 1939.
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to July 7, 1939
I last saw her alive on July 5, 1939 Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza (Respiratory)	May 30 1939
11 b	
Other contributory causes of importance: Acute myocarditis, secondary to influenza	July 1 1939

Name of operation: Clinical Date of
What test confirmed diagnosis? 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) G. P. Conover, M.D.
470 (Address) Macon Mo.

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 7-39-1335
Date Filed July 27, 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.