

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

Rev. 5-17-39 I 1951

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.

Registration District No. 26

Primary Registration District No. 3002

State File No. _____

Registrar's No. 32

1. PLACE OF DEATH:
 (a) County Audrain
 (b) City or town Mexico
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Audrain Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution W 2 hours /
 In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Audrain
 (c) City or town Mexico
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1012 St. Clark
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Hal Speed Daniel 541
 8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar. day 10
 year 1940 hour 10 minute 10 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 4 1884
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 0 Days 6 If less than one day hr. _____ min. _____

Immediate cause of death Unavoidable accident
 Due to Being struck by
Automobile on highway
 Due to _____

9. Birthplace Mexico Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Dentist

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 710
 Of autopsy _____

11. Industry or business "
 12. Name J. W. Daniel
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna M. Day
 15. Birthplace Pottland Missouri
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature _____
 (b) Address Mexico, Mo.
 17. (a) Burial (b) Date thereof Mar. 13, 40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood, Mexico, Mo.
 18. (a) Signature of funeral director Earl E. Pugh
 (b) Address Mexico, Mo.
 19. (a) Mar. 12 - 1940 (b) Blanche Keely
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence March 10 - 1940
 (c) Where did injury occur? Audrain Co. Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
23 Highway 22 W. Mexico
 While at work? No (Specify type of place) (e) Means of injury None
 23. Signature P. W. Marlow Coroner
 (M. D. or other)
 Address Audrain Co. Date signed 3/12/40

RECEIVED

District Health Officer No. 10

District File Number 4-40-780

Date Filed APR 9 1940

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.....

.....Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Earl E. Precht.....

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, above space should be left blank.