

EN APR 12 1940 26

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 34

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:
Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 12 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain
 (c) City or town Mexico
(If outside city or town limits, write "RURAL")
 (d) Street No. 420 N Callahan
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary A. Daniel 540

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife John Daniel 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased June 10, 1852
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Geo. A. Brock
 18. Birthplace Tenn
(City, town, or county) (State or foreign country)
 14. Maiden name Mary A. Nichols
 15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Artie Carmichael
 (b) Address Mexico Mo

17. (a) Burial (b) Date thereof 3/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pool Cemetery

18. (a) Signature of funeral director Charles Arnold
 (b) Address Mexico Mo

19. (a) March 16 1940 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16
 year 1940 hour 11 minute 9 M.

21. I hereby certify that I attended the deceased from Mar 10, 1940 to Mar 16, 1940;
 that I last saw her alive on Mar 15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy
 Duration _____

Due to Arterio Sclerosis years _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

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? 3
(Specify type of place) (e) Means of injury

28. Signature R.S. Williams (M. D. or other) MD
 Address Mexico Mo Date signed 3-16-40

MARGIN RESERVED FOR BINDING

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

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 4-40-778

Date Filed APR 9 1948

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 *Charles Amis*

Licensed Embalmer No. 3569

P. O. Address *Murphy, 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.