No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22150

Registration District No. 478 Primary Registration District No. 5633 Registrar's No. 76

1. PLACE OF DEATH:

(a) County Lawrence

(b) ~~City or town~~ Mt. Vernon, Missouri

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 557 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

(c) City or town Stanberry

(If outside city or town limits write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Forrest Daniel 540

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arlene Daniel

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased November (Month) 18th (Day) 1906 (Year)

8. AGE: Years 33 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Andrew K. Daniel
13. Birthplace Stanberry (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nellie Larison
15. Birthplace Winston (City, town, or county) Missouri (State or foreign country)

16. (a) Informant McMichael Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Stanberry

18. (a) Signature of funeral director Fossett Funeral Home

(b) Address Mt. Vernon Mo.

19. (a) 6-22-1940 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22d year 1940 hour 8:20 minute A M.

21. I hereby certify that I attended the deceased from Dec. 14th, 1938, to June 22, 1940 that I last saw him alive on June 22d 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Bronchopneumonia Bilateral pulmonary tuberculosis

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chester J Meeks (M.D. or other)

Address Mt Vernon Date signed 6-22-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 7-40-2319
Date Filed JUL 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Mrs H. D. Fossett

Licensed Embalmer No. 2720

P. O. Address Mt. Vernon Mo

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

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