

Registration District No. 849

Primary Registration District No. 4575

Registrar's No. 42

PLACE OF DEATH:
 a) County Sullivan
 b) City or town Green City
 (If outside city or town limits, write "RURAL" and name of township)
 c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 in this community Life
 years, months or days

(a) PRINT FULL NAME Charles Robert Daily
 (b) If veteran, name war _____ (c) Social Security No. _____

Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Florence (c) Age of husband or wife if alive _____ years

Birth date of deceased Sept 2 1892
 (Month) (Day) (Year)

AGE: Years 48 Months 6 Days 25 If less than one day _____ hr. _____ min.
 Birthplace Memphis Mo (City, town, or county) (State or foreign country)
 Usual occupation Hotel Buyer
 Industry or business _____

12. Name John J Daily
 13. Birthplace Leavenworth Mo (City, town, or county) (State or foreign country)
 14. Maiden name Ida Boediker
 15. Birthplace Higginsville Mo (City, town, or county) (State or foreign country)

(a) Informant Johns Daily
 (b) Address Hicksville Mo
 (c) Removal (Burial, cremation, or removal) (d) Date thereof 3-29-1941 (Month) (Day) (Year)

(e) Place: burial or cremation Liguille Cem. Edina Mo
 (f) Signature of funeral director Gleason E. Kent & Son
 (g) Address Green City Mo
 (h) May 1-1941 (Date received local registrar) (i) Virginia Gibson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Sullivan
 (c) City or town Green City
 (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.? Life years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MAR day 27th year 1941 hour 8:00 minute P. M.
 21. I hereby certify that I attended the deceased from MAR 27 1941, to MAR 27 1941; that I last saw him alive on MAR 27 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular thrombosis due to arteriosclerosis of the brain
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 124P
 Major findings: Of operations _____
 Of 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) _____
 While at work? _____ (e) Means of injury _____
 23. Signature W. E. Schurr (M.D. or other) 2
 Address Beaumont Date signed 3-27-41

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-940

Date Filed MAY 14 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

....., Registered Apprentice No.

working under my personal supervision.

Signed Archie W. Wad

Licensed Embalmer No. 3037

P. O. Address Green Co.

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

If this body is not embalmed, fact should be so stated above.