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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24402

FILED AUG 11 1941

Registration District No. 29

Primary Registration District No. 5038

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville Flat Creek Twp. (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) /

2. USUAL RESIDENCE OF DECEASED:

005 1 0

(a) State Missouri (b) County Barry

(c) City or town Cassville, Mo. (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. 0

3. (a) PRINT FULL NAME Euna Faye Daniels

3. (b) If veteran, name war ------

3. (c) Social Security No. ----

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ----------

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

7. Birth date of deceased Jan. (Month) 16, (Day) 1941 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	15	-- hr. -- min.

9. Birthplace Cassville, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Russel Daniels
13. Birthplace Clark (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Minnie Brooks
15. Birthplace Barry Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Goldie Twilligear
(b) Address Cassville, Mo. R.2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/19 41 (Month) (Day) (Year)
(c) Place: burial or cremation Sparks Cemetary

18. (a) Signature of funeral director Horine-Culver
(b) Address Cassville, Mo.

19. (a) 2-15-1941 (Date received local registrar) (b) Geo. W. Newman, M.D. By M.M. 30 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st. year 1941 hour 7:30 A.M. minutes M.

21. I hereby certify that I attended the deceased from Jan 30, 1941, to Jan 31, 1941; that I last saw her alive on Jan 30, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition + Exposure Immaturity

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 W R McClure D.O. (M.D. or other) 2
Address Cassville, Mo Date signed 2/1/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 841-1308
Date Filed AUG -7 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 R. London Bennett, Registered Apprentice No. 250 working under my personal supervision.

Signed R. E. Farmer

Licensed Embalmer No. 1414

P. O. Address Lawrence 7

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

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