

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31097

State File No.

Registration District No. 85Primary Registration District No. 1001

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Methodist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. Hospital 7 Days
 (Specify whether
 In this community 25 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 223 So. 16th. St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Robert Wilson Lee Daily3. (b) If veteran, name war _____3. (c) Social Security No. 87-14-50604. Sex Male 5. Color or race White6. (e) Single, widowed, married, divorced. Married6. (b) Name of husband or wife Naomi Daily 6. (c) Age of husband or wife if alive 66 years7. Birth date of deceased. March 11 1871
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 6 7 hr. min.9. Birthplace Savannah Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Live Stock Commison11. Industry or business Stock Yards12. Name Charles M. Daily13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)14. Maiden name Mary Ann Holt
15. Birthplace Savannah Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Naomi Daily(b) Address 223 So. 16th. St. St. Joseph, Mo.17. (a) Burial (b) Date thereof 9/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cemetery
St. Joseph Mo.18. (a) Signature of funeral director Hatter Meierhoffer(b) Address 1302 Faraon St. St. Joseph, Mo.19. (a) 9-20-1941 (b) H. Westhusel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18
year 1941 hour 12 minute 45 P.M.21. I hereby certify that I attended the deceased from 9/10 1941 to 9-18 1941
that I last saw him alive on 9-18 1941
and that death occurred on the date and hour stated above.Immediate cause of death Heart disease - hypertensive
Duration ?

Due to _____

Due to _____

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

Of autopsy _____

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) no

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury no23. Signature H. Westhusel (M. D. or other) noAddress Phys. & Surgs. Bldg. Date signed 9-19-41

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

FILLED OCT 10 1941

Case.

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..... *Chas Jester*

Licensed Embalmer No..... *Mo. 4154*

P. O. Address..... *St. Joseph, Missouri.*

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

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