

FILLED NOV 19 1941  
Registration District No. 163

Primary Registration District No. 5231

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Cedar  
 (b) City or town Rural-Linn Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
At Home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution X  
(Specify whether years, months or days)  
 In this community Most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20  
 (c) City or town Rural-Linn Township  
(If outside city or town limits, write "RURAL") 0  
 (d) Street No. 0  
(If rural, give location) 0  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country X

3. (a) PRINT FULL NAME Louisa Brown Daniels

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Chas. Daniels 6. (c) Age of husband or wife if alive 54 years  
 7. Birth date of deceased May 10, 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>5</u>	<u>13</u>	<u>X</u> hr. <u>X</u> min.

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

10. Usual occupation Housewife

11. Industry or business X

MOTHER FATHER { 12. Name Jerry Helt  
 13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ciller Keets  
 15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Daniels

(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 10-24-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Union

18. (a) Signature of funeral director W.C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) Nov 3-41 (b) Mrs Minnie Learleton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 23 year 41 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 8-20-1941 to 10-24-1941 that I last saw her alive on 10-23 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon yo

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions H62  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 (e) Means of injury D

23. Signature Wm B Richter (M.D. or other) \_\_\_\_\_  
 Address Stockton, Mo. Date signed 10-24-41

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

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1796

Date Filed 11-5-41

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**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

*Melvin Church*

Licensed Embalmer No. 3272

P. O. Address Stockton

**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, fact should be so stated above.**