

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bathurst Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 5 Days  
(Specify whether years, months or days)

In this community 1 yr, 4 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80

(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL")

(d) Street No. 4018 7th St 4  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Streater A Daniel

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 9 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Westerville 1 Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John B Daniel

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Clark

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lucy Scott

(b) Address Sedalia Mo

17. (a) Burial (b) Date there Feb 21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baxter Spas, Kans

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

(b) Address Sedalia Mo

19. (a) 2-20-42 (b) Mrs Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1942 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 13 1942 to Feb 19 1942 that I last saw him alive on Feb - 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Diabetic gangrene

Due to Diabetes mellitus

Other conditions Chronic myocarditis, Atherosclerosis  
(Include pregnancy within 2 months of death)

Major findings: Chronic valvular nephritis

Of operations \_\_\_\_\_

Of autopsy 61

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

23. Signature Arden Stauffer (M. D. or other) MD

Address Sedalia, Mo Date signed 2-20-42

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

50  
66  
4

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-12-42

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..... *H. L. Boulton*.....

Licensed Embalmer No. 3867

P. O. Address DeWitt W. W.

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.