V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

Registration District No. 379

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13285

Registrar's No. 1917

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hour (Specify whether
In this community 6 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1003 Bales 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Betty Lou Daniels

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Child

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

7. Birth date of deceased May (Month) 28 (Day) 1941 (Year)

8. AGE: Years | Months 11 | Days ~~13~~ 16 | If less than one day hr. min.

9. Birthplace Kearney (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Lewis Daniels
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Vera Thompson
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lewis Daniels
(b) Address 1003 Bales St. K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) /16 (Day) /42 (Year)
(c) Place: burial or cremation Kearney Mo.

18. (a) Signature of funeral director Rose & Henderson
(b) Address 4139 E. 15th St.

19. (a) 5-16-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1942 hour 5:28 minute P. M.

21. I hereby certify that I attended the deceased from 5/10, 1942 to 5/14, 1942
that I last saw her alive on 5/14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration 24 hours

Due to Measels

Due to 35

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Child

Of autopsy no.

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 0

23. Signature D R Russell (M. D. or other)
Address 3731 E. 11 St Date signed 5/17/42

541 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 295-5

P. O. Address.....

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.