

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1943

Registration District No. 65

Primary Registration District No. 4115

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
 (a) County Chariton
 (b) City or town Mo. 1
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3/4 mi So of Triplett, Wabash R.R. Right way
 (If not hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME ERMA LUELLE DANIEL
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Female 5. Color or race w
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 10 1921
 (Month) (Day) (Year)

8. AGE: Years 21 Months 11 Days 6
 If less than one day hr. _____ min. _____

9. Birthplace Triplett Mo. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
 { 12. Name Cecil Daniel
 13. Birthplace Triplett Mo. 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Lena Stobaugh
 15. Birthplace Triplett Mo. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cecil Daniel
 (b) Address Triplett, Mo

17. (a) Burial (b) Date thereof Mar 20 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCullough Cemetery Triplett Mo
 18. (a) Signature of funeral director Crotts & Wright
 (b) Address Triplett, Mo

19. (a) 3/18/1943 (b) A. Davies
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Chariton
 (c) City or town Triplett
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day March
 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
This girl was found on Wabash Right of Way Coroners jury brought in verdict of Cause of Death unknown
 Due to _____
 Due to verdict of Cause of Death unknown
 Other conditions Epilepsy
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy none

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) Don't know
 (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?
Walking home
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Harry E. Starnes (M. D. or other)
 Address Orangeburg, Mo. Date signed 3/17/43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-5-43

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. B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo

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, above space should be left blank.