

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13119

State File No.

1788

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

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:
2310 Flora
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 26 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

James Leroy Daniels

3. (b) If veteran, name war

None

3. (c) Social Security No.

unable to find #

4. Sex

Male

5. Color or race

Col

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

Married

6. (b) Name of husband or wife

Elizabeth Daniels

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

37 years

7. Birth date of deceased

February 24, 1902
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

41118

hr. min.

9. Birthplace

(City, town, or county)

Oklahoma
(State or foreign country)

10. Usual occupation

Mechanic

11. Industry or business

James Daniels

12. Name

WacoTexas
(State or foreign country)

13. Birthplace

(City, town, or county)

Maria Jones

14. Maiden name

Kansas CityKansas
(State or foreign country)

15. Birthplace

(City, town, or county)

Maria Crittenden

16. (a) Informant

burial2310 Flora

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

4/16/43
(Month) (Day) (Year)

(c) Place: burial or cremation

Maple Hill K.C.

18. (a) Signature of funeral director

Hatkins Bros.

(b) Address

1729 Lydia

19. (a)

4-15-43
(Date received local registrar)

(b)

M. M. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2310 Flora
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1943 hour 4:00 minute 0 M.21. I hereby certify that I attended the deceased from Deputy Coroner to 19;that I last saw him live on 4/12/43 and that death occurred on the date and hour stated above.Immediate cause of death Myocardial infarctionacute pulmonary edemaDue to acute pulmonary edemaDue to 305Other conditions (include pregnancy within 3 months of death) 305

Major findings:

Of operations

Of autopsy yes

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) Means of injury _____

23. Signature P. J. Richardson (M. D. or other)Address 1832 Vine Date signed 4-18-43

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.....

Licensed Embalmer No.....

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.