

Registration District No. 19347

Primary Registration District No. 5835-

Registrar's No. 22

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural Shoal Creek Twp
(c) Name of hospital or institution:
R. P. # 2, Joplin
(If not in 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town R. P. # 2, Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Irene Marie Daniels
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S O
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 26 1941
(Month) (Day) (Year)

Immediate cause of death Drowned Duration _____
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
1 9 5 hr. min.

Other conditions (Include pregnancy within 3 months of death) 1833
Major findings: Of operations 24 PHYSICIAN _____
Of autopsy _____ Underline the cause to which death should be charged statistically.

9. Birthplace (City, town, or county) (State or foreign country) O
10. Usual occupation _____
11. Industry or business _____
12. Name Bert Daniels
13. Birthplace Picher, Okla (City, town, or county) (State or foreign country)
14. Maiden name Hazel Howard
15. Birthplace Joplin, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Bert Daniels
(b) Address R. P. # 2, Joplin, Mo
17. (a) Burial (b) Date thereof 8/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cem
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 8-4-1943 (b) Mrs. U.S. Chapman
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 31 1943 013
(c) Where did injury occur? Newton Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm, fell in spring
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J.P. Reynolds Coroner (M. D. or other)
Address Joplin Mo Date signed 7-31-43

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

MOTHER FATHER

8-6-43
RECEIVED

District Health Officer No. _____

District File Number 843-159

Date Filed 8-7-43

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.....

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address.....

Joplin 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, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 25610Registration District No. 244Primary Registration District No. 5825Registrar's No. 22

1. PLACE OF DEATH:

- (a) County Newton
 (b) City or town Rural Spout Creek Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether

In this community _____ (Specify whether
years, months or days)3. (c) PRINT
FULL NAME Jerene Marie Daniels3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced S6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased. Oct. 26
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
9 9 9 9 min.9. Birthplace Newton County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Oct 12-1943 (b) Mrs. U. S. Chapman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
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MEDICAL CERTIFICATION

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year 1943 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

S-25610