

S. No. 2
M-5-42
5-17-38
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28616
Registrar's No. 95

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

FILED AUG 25 1943

Registration District No. 175 Primary Registration District No. 5646

1. PLACE OF DEATH: Lawrence Co.
(a) County Lawrence Co.
(b) City or town Rural, N. Buckprairie Twp
(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 15 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 55
(a) State Missouri (b) County Lawrence
(c) City or town Marionville, Rural
(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 Willie Sophia Daniels

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

4. Sex Female 5. Color of face White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. B. Daniels 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 23 1886
(Month) / (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 14 hr. min.

9. Birthplace Bowling Green, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Luther Fulks .. Ky.

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

14. Maiden name M. K. Carter

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

16. (a) Informant R # 1, Marionville, Mo.

(b) Address Burial 7-11-43

17. (a) (Burial, cremation, or removal) (b) Date thereof 7-11-43
(Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director J. B. Daniel
(b) Address Marionville, Mo.

19. (a) 7-10-43 (b) Cunice Green
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 12th 1943 to July 7th 1943
that I last saw him alive on July 7th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis about 1 year

Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
94a

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 J. Hill Smith (M. D. or other) _____
Address Marionville, Mo. Date signed 7/4/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District No. 1

843-927

AUG 21 1975

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

J. F. Bligh

Licensed Embalmer No. 2806

P. O. Address Marionville

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.