

10 FEB 14 1944
Registration District No. 2

Primary Registration District No. 4009

State File No. _____

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 71 yrs. years, months or days

3. (a) PRINT FULL NAME Alfred Daniels
3. (b) If veteran, name war -
3. (c) Social Security No. no

4. Sex m 5. Color or race W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 24 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Cement Finisher

11. Industry or business _____

MOTHER FATHER
12. Name Lemuel Daniels
13. Birthplace Jacksonville Mo
(City, town, or county) (State or foreign country)
14. Maiden name Louise Jane Pittman
15. Birthplace Fillmore Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mabel Ruben
(b) Address St. Joseph Mo

17. (a) B. (b) Date thereof 1-25-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Savannah Mo

18. (a) Signature of funeral director E. C. Fitchman
(b) Address Savannah Mo

19. (a) 1-24-1944 (b) F. H. Fitchman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah
(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.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 22
year 1944 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 1942
to Jan 27 1944
that I last saw him alive on Jan 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis and aortic insufficiency
Due to _____ Duration 2 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 92 P
Of operations _____
Of autopsy _____
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) (e) Means of injury _____

23. Signature Al Kelley (M. Director)
Address Savannah Mo Date signed 1-24-44

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1072

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 E. L. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah

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.