

S. No. 2
OM-5-42
rev. 5-17-39

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7807

State File No. _____

FILED MAR 10 1944

Registration District No. 231

Primary Registration District No. 4346

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery
(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 65 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery
(c) City or town Montgomery City
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph C. Daniels

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

4. Sex M 5. Color or Race Col 6. (a) Single, widowed, married, Divorced Wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 17 th 1851
(Month) (Day) (Year)

8. AGE: Years 92 Months I Days 27 If less than one day hr. _____ min. _____

9. Birthplace West Va
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business _____

12. Name no

13. Birthplace no
(City, town, or county) (State or foreign country)

14. Maiden name no

15. Birthplace no
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Daniels

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 2-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) Feb 18-44 (b) Miss C. E. Vandavert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1, 1943 to Feb 14, 1944
that I last saw him/alive on Feb 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-Sclerosis 2 days

Due to Arterio-sclerotic 15 yrs
cardio-vascular disease

Due to senility

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: 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) no

(b) Date of occurrence no

(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? no

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature E. J. Anderson, M.D. (M. D. or other) Dr. A
Address Montgomery City, Mo Date signed 2/16/44

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

70
0
0

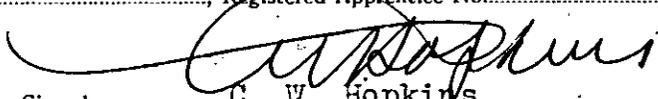
1000

(Licensed Embalmer's Statement on Reverse Side)

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.....on the 14 th
day of Feb 1944....., Registered Apprentice No.....
working under my personal supervision.

Signed.....


C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.