

S. No. 2
OM-543
Ev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14886

State File No.

FILED MAY 15 1944

Registration District No. 56

Primary Registration District No. 2001

Registrar's No. 195

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 (Specify whether
In this community 3 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Jasper
(If outside city or town limits, write "RURAL")
(d) Street No. 2129 Murphy (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Myrtle Pearl Daniels

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife: Widowed 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dec 21 1880 (Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 26 If less than one day hr. mjn.

9. Birthplace Knoxville Iowa (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Richard C. Ferguson
13. Birthplace Iowa (City, town, or county) (State or foreign country)
14. Maiden name Josephine James Bell
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Claude Daniels

(b) Address 2129 Murphy Jasper

17. (a) Burial (b) Date thereof April 5 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director West City Burial Co

(b) Address West City Mo

19. (a) 4-18-44 (b) J. J. Suddacker (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1944 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from Sept 27 1942 to June 16 1944 that I last saw her alive on June 15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. mays cordis
Duration: 1 year

Due to: Unknown
Due to:

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

(Specify type of place) While at work? (e) Means of injury

23. Signature: J. J. Suddacker (M. D. or other)
Address: Jasper Mo Date signed: 4/18/44

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

49
22
5

44-4-356

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 A. K. Mills

Licensed Embalmer No. 347

P. O. Address 27 Kittling, 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.