S. No. 2
1—9-4-41
7. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 18405

FILED MAY 17 1944

Registration District No. 76 Primary Registration District No. 3030 Registrar's No. 81

**1. PLACE OF DEATH:**

(a) County Jefferson
(b) City or town Festus
(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 years, months or days) In this community Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Jefferson 50
(c) City or town Festus 3
(If outside city or town limits, write "RURAL")
(d) Street No. Cor. Lee and Mill Sts.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Philip Daniels
3. (b) If veteran, name war No
3. (c) Social Security No. 493-10-5015
4. Sex M. 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laverne Banister
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased May 20, 1915 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 28 | 6 | 5 | hr. min. |

9. Birthplace Mayesville Kentucky / (City, town, or county) (State or foreign country)
10. Usual occupation Automolile Salesman
11. Industry or business Auto Sales Co
FATHER 12. Name Wm. Philip Daniels
13. Birthplace Piedmont MO 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Pauline Marie Henrich
15. Birthplace Waterloo Ill / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Philip Daniels
(b) Address Crystal City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation Roselawn (Festus)
18. (a) Signature of funeral director [illegible]
(b) Address Festus Mo.
19. (a) 11-28-43 (Date received local registrar) (b) Mrs. Lilly Williams (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 25 year 1943 hour 9:40 minute P. M.
21. I hereby certify that I attended the deceased from May 15 1943 to Nov. 26 1943 that I last saw him alive on Nov 25 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Tuberculosis and | |
| attendant Myocarditis | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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 [illegible] M.D. (M. D. or other)
Address Festus Mo Date signed 11/27/43

1359

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-16-44

## 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 H L Vinyard

Licensed Embalmer No. 3010

P. O. Address Festus 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.**