

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10648
Registrar's No. 1309

FILED JAN 1 1945
Registration District No. 100

Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution
In this community About 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph Mo.
(d) Street No. 1523 Massenaie St.
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Lee A. Daniels
(b) If veteran, name war none
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 22, rd. year 1944 hour 3 minute 55 P.M.
21. I hereby certify that I attended the deceased from Dec 31 1944 to Dec 22 1944
that I last saw him alive on Dec 22 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 27th 1878

Immediate cause of death Disease of Aortic Valve
Due to Syphilis
Due to Chronic Myocarditis & Myocardial Degeneration
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations ✓ 209
Of autopsy ✓

8. AGE: Years 66 Months 11 Days 15
9. Birthplace Pitts Co. Mo.
10. Usual occupation Gable writer

MOTHER, FATHER { 11. Industry or business none
12. Name Andrew Daniels
13. Birthplace Unknown
14. Maiden name Hattie Henderson
15. Birthplace Pitts Co. Missouri
16. (a) Informant Corvelio Daniels
(b) Address 712 Freeman Ave 700
17. (a) Burial (b) Date thereof Dec. 27-44
(c) Place: burial or cremation mt. Moriah Center
18. (a) Signature of funeral director Ransley & Son
(b) Address 1602 Memphis St.
19. (a) 12-26-44 (b) John J. Tucker

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(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? _____
While at work? ✓ (Specify type of place) (e) Means of injury ✓
23. Sign of Charles B. Kernor D. of _____
Address 221 Kirkham Road 12-27-1944

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

1377

(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~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed L. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address. 1602 Messanie

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.