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DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5490

State File No.

Registration District No. 21 Primary Registration District No. 5085 Registrar's No.

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Westpoint Twp
(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 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Westpoint Twp. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry Lawrence Daniels

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Ellen Daniels

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

7. Birth date of deceased Jan (Month) 3 (Day) 1860 (Year)

8. AGE: Years 85 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Shelbyville (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Wallace Daniels
13. Birthplace Unk (City, town, or county) Unk (State or foreign country) 9

MOTHER
14. Maiden name Mary Jane Warren
15. Birthplace Unk (City, town, or county) Ill (State or foreign country) 1

16. (a) Informant Albert L. Daniels
(b) Address Amsterdam Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Scott Cemetery

18. (a) Signature of funeral director Archer & Mangold
(b) Address Amsterdam Mo.

19. (a) 2-14-45 (Date received local registrar) (b) L. A. Mangold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12th year 1945 hour 11 minute 15 p.M.

21. I hereby certify that I attended the deceased ~~from~~ on Jan 4, 1945, to , 19 ; that I last saw him alive on Jan 4 - 1945, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions Senility (Include pregnancy within 3 months of death) 8 3 A

Major findings:
Of operations

Of autopsy

Duration

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 Basil O. Hartwell (M. D. ~~or other~~) 0

Address Drexel Mo Date signed 1/13/45

1300 (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 E. A. Manigold

Licensed Embalmer No. 3610

P. O. Address Amsterdam Missouri

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.