

FILED APR 12 1945
Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 53

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1331 S. Maple
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John William Daniels

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 10 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 24
If less than one day hr. min.

9. Birthplace Warsaw Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Superintendent (retired)

11. Industry or business Mo. Pac. R. R. Co.

MOTHER FATHER

12. Name Naham Daniels

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Nancy

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Daniels

(b) Address 1331 S. Maple, Carthage, Mo.

17. (a) Burial (b) Date thereof Mar. 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) March 6 '45 (b) Elizabeth Corplein
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1331 S. Maple
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1945 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from 2-20, 1945, to 3-3, 1945
that I last saw him alive on 3-3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, broncho Duration 2 wks

Due to: _____

Due to: _____

Other conditions Partial paralysis type 2 yrs
(Include pregnancy within 3 months of death)
not known

Major findings:
Of operations 83d

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? _____

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

23. Signature Russell Smith (M. D. or other) MD

Address Carthage Mo. Date signed 3-5-45

1203

45-3-269

MAY 8 1945

APR 17 1945

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 *Emm R. Street*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

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.