

FILED MAY 27 1946

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Vandalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 309 W. Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. 309 W. Park
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE WASHINGTON DANIELS

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mollie E. Daniel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 10 1854
(Month) (Day) (Year)

8. AGE	Years	Months	Days	If less than one day
	<u>91</u>	<u>3</u>	<u>28</u>	hr. _____ min.

9. Birthplace Trigg Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business General merchandising

12. Name A. B. Daniel

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

14. Maiden name Matilda Greenwald

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

16. (a) Informant Mrs. E. A. Irvine

(b) Address 202 E STATE Vandalia Mo

17. (a) burial (b) Date thereof APR. 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia Mo

19. (a) April 9 1946 (b) Mollie Fiquera
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 2 10 1945 to April 7 1946
that I last saw him alive on April 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 2 wk.

Due to Acute Interstitial Nephritis 6 mo

Due to Coronary Atherosclerosis 2 yrs

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

Major findings:
Of operations _____
Of autopsy 120

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 _____

(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 2

23. Signature R. L. Marshall (M.D. or D.O.)
Address Vandalia Mo Date signed Apr. 8 1946

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

14529

7-25-47

FEB 28 1947

RECEIVED

District Health Officer No. 10

District File Number 5-467091

Date filed MAY 23 1946

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 William B. Matus

Licensed Embalmer No. 4169

P. O. Address Vandalia, Ohio

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.