

Registration District No. **FILED DEC 07 1946**

Primary Registration District No. **5358**

Registrar's No. **113**

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Rural Colfax Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 miles east of Mable
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether years, months or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles east of Mable
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country L

3. (a) PRINT FULL NAME Ethan Allen Daniels

(b) If veteran, name war no (c) Social Security No. no

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced, widower widower
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased April 23 1856
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 15
If less than one day hr. min.

9. Birthplace Harlem Spgs. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name E A Daniel
13. Birthplace Unknown ✓ 7
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown ✓ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herbert Scott
(b) Address Cameron Mo

17. (a) Burial (b) Date thereof 11-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockwood Cem. Cameron

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) 11-10-46 (b) Regina M Englehart
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year hour 4:30 minute 7 M.

21. I hereby certify that I attended the deceased from Nov 6
1946 to Nov 8 1946
that I last saw him alive on Nov 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, chronic
Due to probably several years

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

Major findings:
Of operations 93D
Of autopsy 93D

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? (c) Means of injury ✓

23. Signature: Fred K Weldon (M. D. or other) M.D.
Address Weldon Mo Date signed Nov 8 46

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

MOTHER FATHER

Duration

probably several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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, by

Registered Apprentice No. _____

~~working under my personal supervision.~~

Signed C. O. Nelson

Licensed Embalmer No. 4422

P. O. Address Cameron, 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.