

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9001**
Registrar's No. **1546**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Meyard Park
(If not in hospital or institution, write street number or location)

(d) Length of stay: 3 Mo in hospital or institution. 2 Days (Specify whether)

In this community 3 Mo years, months or days

3. (a) PRINT FULL NAME EIDEN DANIELS

3. (b) If veteran, name war No

3. (c) Social Security No. 515-22-7947

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife: Margaret Elizabeth Daniels

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: Feb 17 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>1</u>	<u>14</u>	hr. min.

9. Birthplace: Selma Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self

MOTHER FATHER

12. Name Washington Daniels

13. Birthplace Effington Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Higgins

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

16. (a) Informant Mrs Margaret Daniels

(b) Address 4410 Norwalk R. KC Mo

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof: 4-2-47
(Month) (Day) (Year)

(c) Place: burial or cremation Harriet Park

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

(b) Address Sarneth Kansas

19. (a) 4-4-47 (Date received local Registrar)

(b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Anderson

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

(d) Street No. RR 9
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1 year 47 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Apr 1 1947 to Apr 1 1947

that I last saw him alive on Apr 1 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: acute cholelithiasis

Per cholelithiasis 1 mo

Due to _____

Due to _____

Other condition Subacute appendicitis
(Include pregnancy within 3 months of death) 121

PHYSICIAN

Major findings: andherent inflamed gallbladder w/ stones

inflamed appendix

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 J. S. Sheldon (M. D. or other)

Address 622 W. 8th Date signed 4-2-47

(Licensed Embalmer's Statement on Reverse Side)

KC Mo

AUG 15 1941

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 Rosa Blanford
Licensed Embalmer No. 14015
P. O. Address K. C. 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.