

FILED JUL 24 1947

Registration District No. 2497

Primary Registration District No. 60-76-4558

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Centerville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
(c) City or town Centerville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida May Daniel

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex fem / 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife James Baird Daniel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 15 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 22
If less than one day hr. min.

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

10. Usual occupation retired, at home

11. Industry or business

12. Name Nelson Barton
13. Birthplace Reynolds Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Caroline Barnes
15. Birthplace Reynolds Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lulu E. Barton
(b) Address Centerville Mo.
17. (a) burial (b) Date thereof 7-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address Ironton Missouri
19. (a) 7/15/47 (b) 6 N. ...
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1947 hour 12 minute 00 AM

21. I hereby certify that I attended the deceased from July 7 1947 to July 7 1947
that I last saw her alive on July 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death. Duration
Due to Angina Pectoris
Due to Coronary Thrombosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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 J.R. ... (M. D. or other)
Address Centerville Date signed July 12-47

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

RECEIVED

District Health Officer No. 5,

District File No. 74-7392

Date Filed 7-22-47

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 Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Sumner, N.C.

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.