FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22632

Registration District No. 76 | Primary Registration District No. 4140 | Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Eugene
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Eugene
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Eugene
(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: none

3. (a) PRINT FULL NAME: Daniel-Franklin-Etter
3. (b) If veteran, name war: none
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: Edith Etter
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: July (Month) 24 (Day) 1864 (Year)
8. AGE: Years 83 | Months 11 | Days 27 | If less than one day: — hr. — min.
9. Birthplace: Miller-Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Barber
11. Industry or business: Barbering
12. Name of father: James-Etter
13. Birthplace of father: Unknown (City, town, or county) Mo (State or foreign country)
14. Maiden name of mother: Nancy-Akes
15. Birthplace of mother: Unknown (City, town, or county) Ky. (State or foreign country)
16. (a) Informant: Edith-Etter
(b) Address: Eugene Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Pleasant
18. (a) Signature of funeral director: Fred McKays
(b) Address: Elston Mo
19. (a) July 20-1948 (Date received by local registrar) (b) Mrs. T. L. Gloyna (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1948 hour 10 minute 25 A.M.
21. I hereby certify that I attended the deceased from July 10, 1948, to July 18, 1948, that I last saw him alive on July 17, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Left Hemiplegia	6 days
Due to: Hypertension	years
Due to: Chronic Nephritis	years
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ✓ 13 B
Of autopsy: ✓

PHYSICIAN — Underline the cause of 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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury: ✓
23. Signature: Geo. H. Shirley M.D. (M.D. or other)
Address: Eugene Mo Date signed: 7/19/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 26 1948

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 Keith M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.