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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

S. No. 2
-9-4-41
5-17-39
I X29484

FILED MAR 13 1943

Registration District No. 127

Primary Registration District No. 5584

Registrar's No. 59

49
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural-- McDonald Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 1, Carthage
(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 58 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route 1, Carthage
(If rural, give location)

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

If yes, name country: - - - -

3. (a) PRINT FULL NAME Charles Bradshaw McDaniel

3. (b) If veteran, name war: No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1943 hour 1:30 PM minute - M.

21. I hereby certify that I attended the deceased from Jan 10 1943 and that death occurred on Feb 26 1943 at 7:25 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katheryn McDaniel

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

7. Birth date of deceased: September 10 1859
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis

Duration over 20 yrs

8. AGE: Years 83 Months 5 Days 16 If less than one day hr. min.

Due to: 90 International

Due to: Heart

9. Birthplace: Christian County Missouri
(City, town, or county) (State or foreign country)

Other conditions: Bd
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business None

Major findings: Bd
Of operations:

Of autopsy:

12. Name Alfred McDaniel

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

14. Maiden name Ann McGinnis

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant H. B. McDaniel

(b) Address Route 1, Carthage, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Feb. 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Faskin Cemetery Knell Mortuary

(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? _____

18. (a) Signature of funeral director Carthage, Missouri

(b) Address _____

While at work? _____
(Specify type of place) (e) Means of injury _____

19. (a) Feb 26 '43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Boyd MD (M. D. or other) 2:26-43
Address Carthage Mo Date signed _____

1203

(Licensed Embalmer's Statement on Reverse Side)

43-2-146

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

2. PLACE OF BIRTH

MEDICAL CERTIFICATION

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 *John D Batchelder*
Licensed Embalmer No. *4153*
P. O. Address *Carthage 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.

FILED MAR 13 1943
Registration District No. 137

Primary Registration District No. 5584

Registrar's No. 59

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(a) County Jasper
(b) City or town Rural-- McDonald Twp.
(c) Name of hospital or institution: Route 1, Carthage
(d) Length of stay: In hospital or institution: -- -- --
In this community 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural
(d) Street No. Route 1, Carthage
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Charles Bradshaw McDaniel
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Katheryn McDaniel
(c) Age of husband or wife if alive -- years
7. Birth date of deceased September 10 1859

8. AGE: Years 83 Months 5 Days 16

9. Birthplace Christian County Missouri

10. Usual occupation Farmer

11. Industry or business None

12. Name Alfred McDaniel

13. Birthplace Unknown Unknown

14. Maiden name ~~Ann McDaniel~~ Anna C. Vaughn

15. Birthplace Unknown Tennessee

16. (a) Informant H. B. McDaniel

(b) Address Route 1, Carthage, Mo.

17. (a) Burial (b) Date thereof Feb. 28, 1943

(c) Place: burial or cremation Faskin Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Feb 26 '43 (b) Elizabeth Couplin

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1943 hour 1:30 PM minute
21. I hereby certify that I attended the deceased from Jan 10
1943 Feb 26 1943
that I last saw him alive on Feb 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Due to: 90 International

Due to: heart

Other conditions: (Include pregnancy within 3 months of death) Bk

Major findings: Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Death of injury

23. Signature: J. E. Boyd M.D. (M.D. or other)

Address: Carthage Mo Date signed: 2-26-43

Duration: 20 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Item #14 corr. by aff. from granddaughter

