

S. No. 2
 DM-2-43
 7-5-17-39
 X35629

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36816

FILED DEC 9 1944
 1779
 Registration District No. _____

Primary Registration District No. 1002

State File No. _____
 Registrar's No. 4860

1. PLACE OF DEATH: Jackson
 (a) County
 (b) City or town: Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3 Janssen Place
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 54 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Jackson 48
 (c) City or town: Kansas City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 3 Janssen Place 7
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: Lex McDaniel
 (b) If veteran, name war: no
 (c) Social Security No.: 487-07-5837

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: December day: 1st
 year: 1944 hour: 2:18 pm minute: _____ P. M.

4. Sex: Male
 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Married
 (b) Name of husband or wife: Mrs. Maude McDaniel
 (c) Age of husband or wife if alive: 69 years
 7. Birth date of deceased: April 25th 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/12/44 to 12/1/44
 that I last saw him alive on 12/1/44
 and that death occurred on the date and hour stated above.

8. AGE: Years: 69 Months: 7 Days: 6
 If less than one day hr. _____ min. _____

Immediate cause of death: Pulmonary embolism 4 hrs.
 Due to: Coronary Thrombosis 3 weeks.

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

Due to: _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

10. Usual occupation: McDaniel Title Company

Major findings: _____
 Of operations: _____

11. Industry or business: Abstract & Title Insurance

MOTHER FATHER {
 12. Name: Giles R. McDaniel
 13. Birthplace: Boonville, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name: Laura Virginia Garnett
 15. Birthplace: Virginia
 (City, town, or county) (State or foreign country)

Of autopsy: _____
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. Maude McDaniel
 (b) Address: 3 Janssen Place

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? _____

17. (a) Burial (b) Date thereof: 12-4-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Forest Hill Cemetery

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

18. (a) Signature of funeral director: Freeman Mortuary
 (b) Address: Kansas City, Mo.

23. Signature: _____ (M. D. or other)
 Address: 807 W. Maple St. Date signed: 12/2/44

19. (a) 12-2-44 (b) T. E. Brown (V. 3)
 (Date received local registrar) (Registrar's signature)

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

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 Walter H. Erwin.....

Licensed Embalmer No. 4352.....

P. O. Address Kansas City 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.