

STANDARD CERTIFICATE OF DEATH

State File No. **31213**

FILED OCT 21 1941

Registration District No. **104**Primary Registration District No. **3008**Registrar's No. **252**

1. PLACE OF DEATH

- (a) County **Calloway**
(b) City or town **Fulton Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 yr. 3 mos.**
(Specify whether years, months or days)
In this community **5 13 days**

3. (a) PRINT FULL NAME

Rebecca M^c Daniel

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.
- none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married,
divorced **single**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive **29** years
(Day) (Year)

7. Birth date of deceased **Oct. 29 1866**
(Month) (Day) (Year)
- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | 74 | 10 | 18 | hr. min. |

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

10. Usual occupation
- Housework**

11. Industry or business

12. Name
- Herman M^c Daniel**

13. Birthplace
- Missouri**
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- Ann Johnson**
-
- (City, town, or county) (State or foreign country)

15. Birthplace
- Missouri**
-
- (City, town, or county) (State or foreign country)

16. (a) Informant
- Hospital Records**

- (b) Address
- State Hospital, Fulton**

17. (a)
- Removal**
- (b) Date thereof
- Sept 17, 1941**
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Union Cemetery**

18. (a) Signature of funeral director
- Bondin Funeral Home**

- (b) Address
- California, Mo.**

19. (a)
- Sept 17, 1941**
- (b)
- R. M. Creswell**
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Moniteau**
(c) City or town **Jamestown**
(If outside city or town limits, write "RURAL")
(d) Street No. **2**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **17**
year **1941** hour **4:20** minute **A. M.**

21. I hereby certify that I attended the deceased from **April 4**
1941 to **Sept. 16**, **1941**;
that I last saw her alive on **Sept. 16**, **1941**;
and that death occurred on the date and hour stated above.

- Immediate cause of death **Broncho pneumonia** Duration **2 days**

- Due to
- diarrhea**
- 107**
- 3 days**

- Other conditions
- Chronic Myocarditis**
-
- (Include pregnancy within 3 months of death)

- 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?
-
- (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
- Katherine Shirley**
- (M. D. or other)
- M. R.**

- Address
- State Hospital #1**
- Date signed
- 9-17-41**

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... *Earl R. Bowlin*

Licensed Embalmer No. *2126*

P. O. Address... *California, etc.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.