

FILED ABQ 60 1945

Registration District No. _____

Primary Registration District No. 3060

Registrar's No. 83

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Years (Specify whether years, months or days)

In this community Two Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois

(c) City or town Farmington, Mo.
(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 Clara Janett Mc. Daniel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James, Edward, Mc. Daniel 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct. 2 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>8</u>	br. _____ min.

9. Birthplace Ste. Genevieve Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home Maker

11. Industry or business _____

12. Name Joseph Newton Young

13. Birthplace Ste. Genevieve, Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Zelphra Young

15. Birthplace St. Francois, Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Kelly

(b) Address Richmond, Hights, Mo.

17. (a) Burial (b) Date thereof 7, 12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill,

18. (a) Signature of funeral director Cozean Funeral Home
Farmington, Mo.

(b) Address _____

19. (a) 7/12/45 (b) Ethier Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th
year 1945 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from April 4, 1945, 19 to July 10 1945; that I last saw her alive on July 9, 1945, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hyperstatic pneumonia Duration 1 day

Due to Cerebral hemorrhage 2 days

Due to Hypertension

Other conditions Cancer of liver
(Include pregnancy within 3 months of death)

Major findings: None

Of autopsy No

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 9

23. Signature L. M. Stayfield (M. D. or other) DoO.

Address Farmington, Missouri Date signed 7/10/45

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

MOTHER FATHER

1591

RECEIVED

Sanitary Health Officer No. 4
District File Number 845-933
Date Filed 8-9-45

FEB 16 1955

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 *A. Cozear*
Licensed Embalmer No. 4084
P. O. Address Farmington 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.