

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3895E

FILED NOV 23 1943
Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 239

Mansur

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
1405 Hough St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community 1 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1405 Hough St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Grace A. Daniel

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Robert L. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 9 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1943 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Sept 27 1943 to Nov 17 1943
that I last saw him alive on Nov 17 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 2 8 hr. min.

Immediate cause of death
Chf Heart Disease
Due to Severity

Due to 9.3d

Other conditions (Include pregnancy within 3 months of death)
9.3d

9. Birthplace Fruitland, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Jack Tant

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

{ 14. Maiden name Abbie Mc Needay

{ 15. Birthplace Fruitland, Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ben Copeland

(b) Address Jefferson City, Mo.

17. (a) Burial & Removal Date thereof 11/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellington, Mo.

18. (a) Signature of funeral director Victor Busscher
Jefferson City, Mo.

(b) Address.....

19. (a) 11-18-43 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

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?.....

23. Signature Epho Mansur (M. D. or other)
Address Jefferson City Mo Date signed 11-17-43

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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.....

Victor Buescher

Licensed Embalmer No.....3701.....

P. O. Address Jefferson 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.