

FILED APR 28 1944

State File No. _____

Registration District No. 2-24

Primary Registration District No. 3-046 5746

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Walker, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

George Washington McDaniels

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married. Divorced

6. (b) Name of husband or wife Martha M. Dange

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

7. Birth date of deceased Dont know

8. AGE:

Years	Months	Days	If less than one day
<u>about 96 year</u>			hr. min.

9. Birthplace

Moniteau Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name Kit M. Dancal
13. Birthplace Dont know 9
(City, town, or county) (State or foreign country)
14. Maiden name Dont know
15. Birthplace Dont know 9
(City, town or county) (State or foreign country)

16. (a) Informant

Leslie M. Dancal

(b) Address

California Mo

17. (a)

Burial (b) Date thereof 3/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Allee Cemetery

18. (a) Signature of funeral director

William Fordman

(b) Address

California Mo

19. (a)

4-2-44 (b) A. J. Allee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
year 1944 hour _____ minute _____
21. I hereby certify that I attended the deceased from Mar 18
to Mar 20 1944
that I last saw him alive on Mar 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 2
23. Signature A. J. Dancal (M. D. or other) D.O.
Address California Date signed 3/23/44

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

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 4-27-44

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 Has Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.