

JAN 22 1949

State File No. \_\_\_\_\_

Registration District No. 877

Primary Registration District No. 4-5-30

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Vernon  
(b) City or town Schell city  
(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 seven years \_\_\_\_\_ (Specify whether)  
years, months or days) \_\_\_\_\_

8. (a) PRINT FULL NAME DAVID LINCOLN DAILY

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Daily 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 9 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 9 22 hr. min.

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

10. Usual occupation farmer retired

11. Industry or business \_\_\_\_\_

12. Name William Daily

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

14. Maiden name Sarah Sturdevant

15. Birthplace Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Frances D. Daily  
(b) Address Schell city, Mo.

17. (a) Rural (b) Date thereof Jan 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Cloud Neb.

18. (a) Signature of funeral director Walter Lewis & Son  
(b) Address Schell city, Mo.

19. (a) Jan 2-40 (b) Pearle Rayner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Vernon  
(c) City or town Schell city  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31  
year 1940 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 29, 1940 to Dec 31, 1940; that I last saw him alive on Dec 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis of Stomach  
Due to Cancer of Stomach

Duration 1 Day

Other conditions 4b  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy no

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) Means of injury \_\_\_\_\_  
23. Signature J. W. Gray (M. D. or other) \_\_\_\_\_  
Address Schell City Mo Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 7,

District File Number 1-41-85

Date Filed 1-11-41

**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 Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell 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, above space should be left blank.