

APR 1 1940

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 69

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:
St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
 (c) City or town Edon
 (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 March day 20
 year 1940 hour 11:00 minute A. M.
 21. I hereby certify that I attended the deceased from March
19, 1940, to March 20, 1940
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis
+ peritonitis
 Duration 1 wk

Due to Abdominal (self
induced)

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 175 W

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?
 _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Heard Taylor (M. D. or other) MD
 Address Jefferson City Date signed 3-21-40

9. (a) PRINT FULL NAME Velma Eyvonne McDaniel 235
 8. (b) If veteran, name war no 8. (c) Social Security No. no

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

6. (b) Name of husband or wife Harold McDaneil 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased March 4 1910
 (Month) (Day) (Year)

8. AGE: Years 30 Months _____ Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Nowack

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

14. Maiden name Leona Daughtery

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

16. (a) Informant's own signature Mrs. Henry Nowack

(b) Address Eldon, Missouri

17. (a) removal (b) Date thereof 3-20-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 3-21-40 (b) Heard Taylor
 (Date received local registrar) (Registrar's signature)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1951

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
Louis J. Phillips Registered Apprentice No. _____
working under my personal supervision.

Signed *Louis J. Phillips*
Licensed Embalmer No. *5663*
P. O. Address *Edison*

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.