S. No. 2
M—5-42
5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20350

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 522

1. PLACE OF DEATH: GREENE

(a) County

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

(c) Name of hospital or institution: 1438 E. Mill
(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 Greene 37

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1438 E. Mill
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Julia Nell McDaniel

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married

6. (b) Name of husband or wife William McDaniel

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

7. Birth date of deceased Feb. (Month) 8, (Day) 1920 (Year)

8. AGE: Years 25 | Months 4 | Days 22 | If less than one day ___ hr. ___ min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Edward A. Kelsay
13. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Effie Hooper
15. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant William McDaniel
(b) Address 1438 E Mill - Spd. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 5 (Day) 45 (Year)
(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director Alma Lohmeyer
(b) Address Springfield, Mo.

19. (a) 7-3-45 (Date received local registrar) (b) Dr W E Hardly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1945 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from No Physician, in to attendance, 19__;
that I last saw h__ alive on__, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Air Embolism	
Due to attempt to produce abortion by means of catheter	
~~Due to~~ + tire pump. Self inflicted.	
Other conditions (Include pregnancy within 3 months of death) 140 C	

Major findings:
Of operations

Of autopsy Air in great veins & in pulmonary circulation

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) Accident

(b) Date of occurrence June 30, 1945

(c) Where did injury occur? Springfield, (City or town) Greene (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Air

23. Signature Jimmy C Stone Coroner (M. D. or other)

Address Springfield, Mo Date signed 7-2-45

944 (Licensed Embalmer's Statement on Reverse Side)

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 L. A. Roof

Licensed Embalmer No. 3044

P. O. Address Springfield 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.