

FILED DEC 30 1947  
Registration District No. ....

Primary Registration District No. 3016

Registration No. 272

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. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days  
(Specify whether  
In this community.....  
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. 724 Michigan St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Margaret Elizabeth McDaniel

3. (b) If veteran, name war no 3. (c) Social Security No. 190-30-9825

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive 21 2/3 years  
7. Birth date of deceased July 22 1928  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	19	4	24	.....hr. ....min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Louis Oetting

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

14. Maiden name Elizabeth Koelling

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

16. (a) Informant Paul Mc Daniel

(b) Address Jefferson City, Mo.

(a) Burial (b) Date thereof 12/19/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

(a) Signature of funeral director Victor Brueche

(b) Address Jefferson City, Mo.

19. (a) 12-19-47 (b) R. P. Davis MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 16th  
year 1947 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from Nov 30 47 to Dec 16 47  
that I last saw her alive on Dec 16 1947  
and that death occurred on the date and hour stated above. Duration 17

Immediate cause of death Pulmonary embolism

Due to thrombosis of iliac blood vessels

Due to pelvic thrombosis after childbirth

Other conditions uterine hemorrhage, slow bleeding time  
(Include pregnancy within 6 months of death)

Major findings: Of operations As above

Of autopsy As above

PHYSICIAN

Underline the cause of 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)

While at work?..... (e) Means of injury.....

23. Signature V. Brueche (M. D. or other) MD

Address Jefferson City Date signed 12/19/47

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

MOTHER FATHER  
connected by affidavit  
2-19-48  
2-26

26  
5  
4

26  
5  
4  
0

RECEIVED  
FEB 13 1948

Date Filed 12/29/47

District File Number

District Health Officer No. 9

RECEIVED

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

A. E. Funtzel Jr.

Registered Apprentice No. 80

working under my personal supervision.

Signed

Victor Brescher

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.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo. }  
County of Cole } ss.

State File No. 41,803

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 272

On this 19<sup>th</sup> day of February, 1948, before me appears Pauline McDaniel, who, upon her oath, states that the original record of <sup>birth</sup> death for Marquet Elizabeth McDaniel, <sup>born</sup> died December 16, 1947, in the State of Missouri, and which was filed at Jefferson City on Dec 20, 1947, should be corrected as follows:

- Item No. 6c should read 27
- Instead of 21
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
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- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Pauline McDaniel Sister  
Relationship.

1722 East High St. J.C. Mo.  
Present Address.

Subscribed and sworn to before me this 19<sup>th</sup> day of February, 1948

My Commission expires August 29, 1949 Ellis Meyer Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

