

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29314**BIRTH NO. **5514-49** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1034**

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 17		c. LENGTH OF STAY (in this place) 3 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph Gower, Rural		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			d. STREET ADDRESS (If rural, give location) St. Joseph Hospital RFD!		
3. NAME OF DECEASED (Type or Print) a. (First) Sarah		b. (Middle) Trances	c. (Last) Daniels	4. DATE OF DEATH (Month) (Day) (Year) 9-24-49	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-22-49	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) St. Joseph Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Morton D. Daniels		13b. MOTHER'S MAIDEN NAME Mary Jane Gibson		14. NAME OF HUSBAND OR WIFE single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. C. E. Payne ADDRESS St. Joseph Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Knot in umbilical cord with probable prenatal asphyxiation of amniotic fluid				prenatal
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				NI. 37
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 22 Sept., 1949 , to 24 Sept., 1949 , that I last saw the deceased alive on 24 Sept., 1949 , and that death occurred at 3:45 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Thompson E. Potter M.D.		23b. ADDRESS 731 Faron St. St. Joseph, Mo.		23c. DATE SIGNED 24 Sept 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/25/49	24c. NAME OF CEMETERY OR CREMATORY Allen Cem.	24d. LOCATION (City, town, or county) (State) Gower Mo.		
DATE REC'D BY LOCAL REG. Sept 26, 1949	REGISTRAR'S SIGNATURE E. C. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Murray Gower Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John H. Murray
Licensed Embalmer No. 2893

P. O. Address Lower, 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.