

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 109

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 825 LOCUST STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 YEARS
(Specify whether years, months or days)

8. (a) PRINT FULL NAME MRS LELIA AUGUSTA DANIELS

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 WIDOWED

6. (b) Name of husband or wife CHARLES P. DANIELS 6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased AUGUST 1 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 9 If less than one day hr. min.

9. Birthplace ST. CLAIR COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWIFE

12. Name ROBERT MARTIN

13. Birthplace ST. CLAIR COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MARY COOK

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

16. (a) Informant MRS F.W. HANSETT

(b) Address BOONVILLE MISSOURI

17. (a) REMOVAL (b) Date thereof OCT. 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRAYMER MISSOURI

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE MISSOURI

19. (a) 10-10-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town BOONVILLE
(If outside city or town limit, write "RURAL")
(d) Street No. 825 LOCUST ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 10th
year 1940 hour 7:45 minute _____ BM.

21. I hereby certify that I attended the deceased from Sept. 21, 1940, to October 10, 1940, that I last saw her alive on October 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Hypertension Several yrs

Due to Arterio-Sclerosis

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death) Chronic Nephritis

Major findings: Of operations [Signature]

Of autopsy _____

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? at

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Boonville Mo. Date signed 10/10/40

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

7
2
2

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-6-170

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

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, Ma.

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.