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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17179

Registration District No. 136 Primary Registration District No. 2001 Registrar's No. 221

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 708 Joplin St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 9 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 1

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 412½ N. Wall
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Julius A. Danielson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dottie

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August (Month) 18 (Day) 1879 (Year)

8. AGE: Years 65 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Houston (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation Cafe Operator

11. Industry or business Cafe

FATHER
12. Name Henry Danielson 1
13. Birthplace — (City, town, or county) Texas 1 (State or foreign country)

MOTHER
14. Maiden name Clara Werlin
15. Birthplace — (City, town, or county) Texas 1 (State or foreign country)

16. (a) Informant Mrs. J.A. Danielson
(b) Address 412½ N. Wall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 W. 4th - Joplin, Mo.

19. (a) 5-9-45 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

1004

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1945 hour 8 - minute 40 A. M.

21. I hereby certify that I attended the deceased from Did not attend, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Hx History from family

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9 30
Of autopsy Coroners Investigation

Duration

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)

While at work? (e) Means of injury

23. Signature W. H. Deffelt (M. D. or other) MD

Address 2114 Joplin Date signed 5/9/45

(Licensed Embalmer's Statement on Reverse Side)

45-B-417

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.....

Licensed Embalmer No. 3590

P. O. Address. Joplin, 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.