S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

44337

State File No.

FILED JAN 26 1948

Registration District No. 156

Primary Registration District No. 2000

Registrar's No.

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

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: Joplin General Hospital
(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 Newton 73
(c) City or town Neosho 0
(If outside city or town limits, write "RURAL")
(d) Street No. R 1 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Baby Girl Daniels

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race wh

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 11 (Month) 1947 (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr 30 min hr. min.

9. Birthplace Joplin, Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Bert Mason Daniels 1
13. Birthplace Picher, Okla
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hazel Marie Howard
15. Birthplace Joplin, Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Mason Daniels
(b) Address Neosho, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Burkhart Cemetery

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri

19. (a) 12-13-47 (Date received local registrar) (b) Dolores Lamphins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1947 hour 8:45 minute AM M.

21. I hereby certify that I attended the deceased from birth 7:15 Am, 19, to Death 8:45 AM, 19; that I last saw her alive on Dec 11, 1947, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration of fluid in uterus

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 16 00

Duration

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) 21
While at work? (e) Means of injury

23. Signature John B. Roberts (or other) D.O.
Address Seneca Mo. Date signed 12-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-1070

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.....

P. O. Address.....

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.