

REC'D APR 5 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11131
 Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Marion Primary Registration District No. 5562 Registered No. _____
 (c) City _____ (d) Street No. Route 2, Carthage St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Dorothy Mae Danner
 (a) Residence, No. Route 2, Carthage St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 6 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri

FATHER 13. NAME Hugh H. Danner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri

MOTHER 15. MAIDEN NAME Lillian Millard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barton County Missouri

17. INFORMANT (ADDRESS) Mr. Hugh Danner
Route 2, Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Friend's Cemetery Mar. 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) Ulmer Funeral Home
Carthage, Missouri

20. FILED MAR 5 1938 W. M. Howard M. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1937, to Feb 2, 1938

I last saw her alive on Feb 2, 1938 Death is said to have occurred on the date stated above, at 6:00pm

The principal cause of death and related causes of importance were as follows:

Sarcoma of right kidney

Date of onset

Other contributory causes of importance:

Caused by the kick of a horse

Name of operation none Date of _____
 What test confirmed diagnosis? medical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
home

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Dr. J. H. ... M. D.

(Address) Carthage, Mo.

155-

STATEMENT BY LICENSED EMBALMER

I, Ed C. Ulmer, Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Ed C. Ulmer

Licensed Embalmer No. 2222

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

11138
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township Madison Primary Registration District No. 5567 Registered No. _____
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Dorothy Mae Danner

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
(Use the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 6 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1937 to Feb 2 1938
I last saw her alive on Feb 2 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:
Sarcinoma of Rt Kidney Date of onset 53
53
53

Other contributory causes of importance:
Caused by view of horse

Name of operation _____ Date of _____
What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 12-3-1937
Where did injury occur? County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury In Home
Nature of injury Fall of a horse
Fracture of rib & Pelvis bone

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) D. Chamberlain M. D. (Address) Portage Mo

SUPPLEMENTARY

