

REC'D SEP 13 1938 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27934
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. Research Hospital K.C.mo. Registered No. 3245
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 2. PRINT FULL NAME Henry G. Danner 560
 (a) Residence, No. 518 South Kensington, K.C. Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Danner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9th, 1866
 7. AGE YEARS 71 MONTHS 9 DAYS If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Gov. Inspector for a Packing Company
 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) Indiana
 FATHER 13. NAME Thomas W. Danner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 MOTHER 15. MAIDEN NAME Mary Defenbaugh
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 17. INFORMANT Mrs. Mary E. Danner (ADDRESS) 518 South Kensington, Ave., K.C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Raymore, Mo. DATE Aug. 17th, 1938
 19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.
 20. FILED Aug 16, 1938 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14th, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 8-9-, 1938, to 8-14-38, 1938
 I last saw him alive on 8-14-, 1938. Death is said to have occurred on the date stated above, at 2:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Myelogenous Leukemia Date of onset 72a
 Other contributory causes of importance:
Territorial bronchitis
Arteriosclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? ye
 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.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Pe-K. Wyatt / M. D.
 (Address) 3850 Prospect

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. C. H. Wyatt,
3850 Prospect Avenue,
Wabash 61103

4:00 PM

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, above space should be left blank.