

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

21776
Do not use this space.

1. PLACE OF DEATH
 (a) County Carroll Registration District No. 135
 (b) Township Carrollton Primary Registration District No. 3010 Registered No. 75
 (c) City Carrollton (d) Street No. South side Hospital 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 Isabella Danner (Danner)
 (a) Residence, No. 6512 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Danner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1869
 7. AGE YEARS 69 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Carroll Co. Mo.

FATHER 13. NAME Geo. Schutz 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Kreiser Danner 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Alvin Danner Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE June 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Stanley Carrollton Mo.

20. FILED 6/15 1939 John Haskins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1939
 22. I HEREBY CERTIFY, that I attended deceased from June 10, 1939, 19... to June 15, 1939, 19...
 I last saw her alive on June 15, 1939, 19... Death is said to have occurred on the date stated above, at 2:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Appendicitis - Abscess -
Neutropenic regurgitation
Fatigue Compensation -
 Other contributory causes of importance: 121
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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?
 If so, specify..... (Signed) J. M. Benson M. D.
R. H. Benson, (Address) Carrollton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Carrollton, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X 16303

RECEIVED
District Health Officer No. 8,
District File Number *62/21/9*
to Filed

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.....

Ben W Gibson

Licensed Embalmer No. *2961*

P. O. Address *Carrollton Ga*

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.