

AN 15 1940

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

43997
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 546
(b) Township Spring Creek Primary Registration District No. 5737 Registered No. 17
(c) City Tracy or (d) Street No. Route 1 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Margaret Ellen Dammann
(a) Residence, No. Tracy Route 1 St. (If nonresident, give city or town and State)
(Usual place of abode, give street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George B. Dammann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 5

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) Marion Mo

FATHER 13. NAME George Rogan

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

MOTHER 15. MAIDEN NAME Margaret E. Dammann

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

17. INFORMANT (ADDRESS) Mrs. J. A. Davis Tracy Route 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Jennypenton DATE Nov 23 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Reed Tracy Mo

20. FILED Nov 24 1939 Sam a. Warner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1939 to Nov 21 1939.
I last saw her alive on Nov 21 1939. Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar Date of onset

108

Other contributory causes of importance: Asthma & Bronchial

Name of operation None Date of ✓
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ✓, 1939
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) W. J. Reed M. D.
(Address) Tracy Mo

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.

1 X16605

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.