

1. PLACE OF DEATH:

- (a) County Macon  
 (b) City or town Macon  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Sunny Side Addition  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME George H. DANNER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lora M. Danner 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 8<sup>th</sup> 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Russ Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jeremiah Danner

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Danner

15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lora M. Danner

(b) Address Macon Mo

17. (a) Burial (b) Date thereof 3-9-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. View Cem

18. (a) Signature of funeral director Stephen S. Garding

(b) Address Macon, Mo.

19. (a) 4/6/40 (b) Seaton Henderson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Macon  
 (c) City or town Macon  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 7<sup>th</sup>  
 year 1940 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Aug 1938 to Mar 7, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cancer, left hand - primary

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 17, 18  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to 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? 476

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature C. D. Edwards (M.D. or other) MD

Address Macon, Mo. Date signed 4/6/40

RECEIVED

District Health Officer No. 10

District File Number 4-40-762

Date Filed APR 9 1940

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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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

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.