

RECORD WITH ORIGINAL 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.

FILED DEC 11 1940

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

Do not use this space.

1. PLACE OF DEATH

County Scott

Registration District No. 1151

File No. 39924

Township Maple

Primary Registration District No. 4588

Registered No. 18

City Keiso Missouri (No. 2)

6065A

St. _____ Ward _____

2. FULL NAME CHARLES J. DANCKENMUELLER

(a) Residence, No. Keiso Mo St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 8 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23 1940

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1940 to Nov. 23 1940. I last saw him alive on Nov. 23 1940. Death is said to have occurred on the date stated above, at 11 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 - 1879

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1939

7. AGE YEARS 60 MONTHS 11 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CARPENTER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: 22

12. BIRTHPLACE (CITY OR TOWN) Keiso (STATE OR COUNTRY) MISSOURI

13. NAME LUDAX MRS. DANCKENMUELLER

14. BIRTHPLACE (CITY OR TOWN) Keiso (STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME EMMA MESSINIG

16. BIRTHPLACE (CITY OR TOWN) Keiso (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS. Bertha DANCKENMUELLER (ADDRESS) Keiso Mo

18. BURIAL, CREMATION, OR REMOVED PLACE NOV - 26 - 1940 DATE Keiso, Mo

19. UNDERTAKER Seabayh FUNERAL Home (ADDRESS) Cape Girardeau Mo

20. FILED Nov. 25 1940 Registrar Ree B. ...

Name of operation _____ Date of _____
What test confirmed diagnosis Plural Was there an autopsy? M.

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

(Address) 920 ...

RECEIVED

District Health Officer No. 2

District File Number 1240-17

Date Filed 12/4/40

Was embalmed by W. H. Estes
License 3568