

No. 2  
4-13-40  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11804

APR 3 1941

State File No. \_\_\_\_\_

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 54

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

In this community \_\_\_\_\_  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly  
(If outside city or town limits, write "RURAL")

(d) Street No. 551 1/2 W. Coates  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lawrence Dankert

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 491-07-1327

4. Sex male 5. Color or race white

6. (a) Single, married, divorced, married

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased may 6<sup>th</sup> 1887  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28<sup>th</sup>  
year 1941 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb 15<sup>th</sup>, 1941, to Feb 28<sup>th</sup>, 1941;  
that I last saw him alive on Feb 27<sup>th</sup>, 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

53 9 22 hr. min.

Immediate cause of death Cancer of colon (descending branch from cecum)

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

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

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

10. Usual occupation W. P. A.

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

12. Name Richard Dankert

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

14. Maiden name Helene Boden

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

Other conditions no operation  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 4/6/41

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Nora Dankert

(b) Address Moberly

17. (a) Burial (b) Date thereof March 12<sup>th</sup> 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly

19. (a) 3-1-41 (b) Leah Kullman  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

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

23. Signature H. E. Griffiths (M. D. or other) \_\_\_\_\_

Address Moberly Mo Date signed 3/3/41

**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..... *Frank D. Witt* .....

Licensed Embalmer No. *3021* .....

P. O. Address..... *Moberly, 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, fact should be so stated above.**