

STANDARD CERTIFICATE OF DEATH

Registration District No. 391

Primary Registration District No. 4230

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Ironton
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William Oscar Dammann

20. DATE OF DEATH: Month May day 12
year 1941 hour 9 minute 35 P.M.

3. (b) If veteran, name war none 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from May 26 1940 to May 12 1941;
that I last saw him alive on May 12 1941;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

Immediate cause of death Pulmonary tuberculosis Duration 6 mos.

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Sept. 20 1903
(Month) (Day) (Year)

8. AGE: Years 37 Months 7 Days 22 If less than one day hr. min.

Due to.....
Due to.....

9. Birthplace Wichita Kansas
(City, town, or county) (State or foreign country)

Other conditions Portal Cirrhosis of liver.
(Include pregnancy within 3 months of death)

10. Usual occupation Rail Road

Major findings:
Of operations.....
Of autopsy.....

11. Industry or business.....

12. Name Henry H. Dammann

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

14. Maiden name Lucy Webb

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

16. (a) Informant H. H. Dammann

(b) Address Wichita Kansas

17. (a) removal (b) Date thereof May 14, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita Kansas

18. (a) Signature of funeral director Norman White & Sons

(b) Address P. S. White Ironton Mo.

19. (a) May 13 41 (b) Julia A. Hunton
(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
Signature Ben W. Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 5-13-41

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

MOTHER FATHER

17
1
0

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.....

Armed White

Licensed Embalmer No.....

5012

P. O. Address.....

Amite, La.

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.