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FILLED NOV 19 1941

STANDARD CERTIFICATE OF DEATH

State File No. 35382

Registration District No. 477

Primary Registration District No. 2005641 Registrar's No. 91

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

1. PLACE OF DEATH:
 (a) County Lewis
 (b) City or town Rural - Canton twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether
 In this community Entire life
years, months or days)

3. (a) PRINT FULL NAME John Henry Dannenhauer
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 20, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	0	0	_____ hr. _____ min.

9. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Dannenhauer
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Hanna unknown
 15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Dannenhauer
 (b) Address Emporia, Kans.

17. (a) Burial (b) Date thereof 10/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zion Hill

18. (a) Signature of funeral director EARL H. BAITKLEY
 (b) Address CANTON, MISSOURI

19. (a) Oct 21 1941 (b) G. W. Jennings
(Date received local registrar) (Registrar's signature) (M)

2. USUAL RESIDENCE OF DECEASED: 056
 (a) State Missouri (b) County Lewis
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
 year 1941 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 1
1941 to Oct. 20 1941;
 that I last saw him alive on Oct. 17 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration
 Duration 6 weeks

Due to arteriosclerosis 71

Due to _____
 Other conditions 938
(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? _____

While at work? _____
(Specify type of place) (a) Means of injury

23. Signature G. W. Jennings (M. D. or other) Do.
 Address Canton Mo. Date signed 10/21/41

RECEIVED

District Health Officer No. 10

District File Number 11-41-2157/1966

Date Filed _____

#6

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 Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.