

S. No. 2
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5-17-39
PI X28390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17418
178
State File No.
Registrar's No. 462

FILED JUN 18 1942

Registration District No. 85

Primary Registration District No. 1.081

1. PLACE OF DEATH

(a) County Boonville
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
in this community
years, months or days)

3. (a) PRINT FULL NAME Don Phillip Dambowitz

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

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

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

7. Birth date of deceased October 21-1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 14 hr. min.

9. Birthplace Albany Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Marion Dambowitz

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

14. Maiden name Rose Anderson

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

16. (a) Informant Marion Dambowitz

(b) Address Albany Mo

17. (a) Burial (b) Date thereof 5/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Robert Bush

(b) Address Albany Mo

19. (a) 5-5-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Albany Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1942 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from May 5 1942 to May 5 1942
that I last saw him alive on May 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 5 days

Due to Influenza 7 "

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 33a
Of autopsy

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) (e) Means of injury 0

23. Signature W. Roger Moore (M. D. or other) M.D.

Address St Joseph Mo Date signed May 5 1942

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

1233 (Licensed Embalmer's Statement on Reverse Side)

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 Wall
....., Registered Apprentice No.
.....
working under my personal supervision.

Signed Clifford Brooks
.....
Licensed Embalmer No. 3329
.....
P. O. Address Albany 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.