. S. No. 2
M—9-4-41
v. 5-17-39
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37673

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 247 Primary Registration District No. 5839 Registrar's No. 45

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Granby
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community All of life

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Newton
(c) City or town Granby.
(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

3. (a) PRINT FULL NAME Flave A. Dahnke
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mattie Dahnke
6. (c) Age of husband or wife if alive Decd. years
7. Birth date of deceased May (Month) 3 (Day) 1878 (Year)

8. AGE: Years 64 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Granby (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Miner
11. Industry or business
FATHER 12. Name William Dahnke
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Bertha Borth
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Ralph Dahnke
(b) Address Granby, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10 42 (Month) (Day) (Year)
(c) Place: burial or cremation Granby
18. (a) Signature of funeral director Horine & Culver
(b) Address Cassville, Missouri
19. (a) Nov 10-42 (Date received local registrar) (b) Lulu Norwood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th year 1942 hour 2:30 minute A. M.
21. I hereby certify that I attended the deceased from On Nov. 8, 1942, to, 19; that I last saw him alive on Nov 8 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage.	2 hours
Due to: Chronic Cardio renal hypertensive disease.	over 1 yr.
Due to:	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Charles O Chase (M. D. or other) DO
Address Granby, Mo Date signed 11/10/42

1147 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242-1686
Date Filed DEC 8 1942

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 B. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville, 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.