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S. No. 2
M-542
5-17-39
X02879

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

NOV 6 1943

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bethany Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours
(Specify whether)

In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Nancy Ruth Danner

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1943 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept. 28, 1943 to Sept. 28, 1943 that I last saw him alive on Sept. 28, 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 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 Sept. 28, 1943
(Month) (Day) (Year)

Immediate cause of death Prematurity & immaturity

Due to Duration

Due to Duration

Other conditions (Include pregnancy within 3 months of death) 159

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

- - - 4 hr. 55 min.

9. Birthplace Bethany Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation -

MOTHER FATHER

11. Industry or business -

12. Name Nancy Ruth Danner

13. Birthplace Bethany Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ruth Danner

15. Birthplace Bethany Mo. 0
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: -

Of operations -

Of autopsy -

Underline the cause to which death should be charged statistically.

16. (a) Informant Rev. Coll. Turner

(b) Address Bethany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/43
(Month) (Day) (Year)

(c) Place: burial or cremation Grundy

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 -

18. (a) Signature of funeral director John M. Burris

(b) Address Albany Mo.

19. (a) Oct 1-1943 (b) John M. Burris
(Data received local registrar) (Registrar's signature)

23. Signature J.P. ... (M. D. or other) 0

Address Bethany, Mo. Date signed 9-30-43

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

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(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 me
....., 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.