

FILED SEP 5 1944
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 860

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2022 Main /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2022 Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Anna M. Danner

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Harvey H. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 11 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 22 If less than one day
hr. _____ min. _____

9. Birthplace Ind. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Saunders
13. Birthplace Ala. /
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace 4
(City, town, or county) (State or foreign country)

16. (a) Informant V. H. Danner

(b) Address St Joseph

17. (a) Burial (b) Date thereof 8-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem -

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo.

19. (a) 8/25/44 (b) Helen J. Piche
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 20
1944 to Aug 23 1944
that I last saw h. ex alive on Aug 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Atherosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no operation
Of autopsy no 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) (c) Means of injury _____
23. Signature Gordon D. Wright (M. D. or other) _____
Address 845 S. 19th St. St Joseph, Mo. Date signed 8/24/44

Duration 3 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

2017 042 05101

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 Robert H. Apple

Licensed Embalmer No. 3308

P. O. Address Dr. Joseph, 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.