

S. No. 2
DM-5-43
v. 5-17-39
I X36671

State File No. 41966

FILED DEC 10 1944

Registration District No. 294 Primary Registration District No. 3056

Registrar's No. 232

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wabash Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 117 E. Coates
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thorvald Damgaard

3. (b) If veteran, name war 3. (c) Social Security No. 702-05-9285

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Nov. 6th 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 - 6 _____ hr. _____ min.

9. Birthplace: Denmark
(City, town, or county) (State or foreign country)

10. Usual occupation Car Repairer

11. Industry or business Wabash R. R.

MOTHER FATHER { 12. Name Anders Damgaard
13. Birthplace Denmark
(City, town, or county) (State or foreign country)
14. Maiden name Hansine Jepsen
15. Birthplace Denmark
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Damgaard

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Nov. 19th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Malcolm and Son
(b) Address Moberly, Mo

19. (a) 11-19-44 (b) Uma Nave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17th
year 1944 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 18 1944 to November 17 1944
that I last saw him alive on November 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Due to: Hydronephrosis
Due to: _____

Other conditions: 93e
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration
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) (e) Means of injury _____

23. Signature Eric Handley (M. D. or other) O
Address Wabash Hospital Moberly Date signed 11-19-44

1036

DEC 27 1944

RECEIVED

District Health Officer No. 10

District File Number 12-44-206

Date Filed DEC 14 1944

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.....

Frank B. Witt

Licensed Embalmer No. 3021

P. O. Address.....

Moberly

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.