

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

DEPARTMENT OF HEALTH
BUREAU OF THE GENERAL REGISTRAR

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8557**
Registrar's No. **1320**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Front + Montgall St. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **Mo. 49**
(If outside city or town limits, write "RURAL")
(d) Street No. **4305 E 31st. 3**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Earl D. Danell**
(b) If veteran, name war **No**
(c) Social Security No. **unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **3** day **17**
year **1945** hour **11:30** minute **A** M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;

4. Sex **male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **S**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

that I last saw h **Colour** _____ 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased **July 22 1903**
(Month) (Day) (Year)
8. AGE: Years **41** Months **7** Days **25** If less than one day _____ hr. _____ min.

Immediate cause of death
Fractured Spine
Fractured Ribs
Due to **Fractured spinal Column**
Due to **Friedland Rt Leg**

9. Birthplace **Kuwan** (City, town, or county) **Ill. 1** (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **1860 W 5 38**

10. Usual occupation **Labor**
11. Industry or business **Power + Light Co**
12. Name **Charles W Danell**
13. Birthplace **Mo** (City, town, or county) (State or foreign country)
14. Maiden name **Lottie M. Danell**
15. Birthplace **Danville Ill. 1** (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy **yes as above**

16. (a) Informant **Charles W Danell**
(b) Address **4305 E 31st.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-21-45** (Month) (Day) (Year)
(c) Place: burial or cremation **Funeral Hill Cem**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **3-17-45**
(c) Where did injury occur? **Front St + Montgall 100 Jackson, Mo 3** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place
While at work? **yes** (Specify type of place) (e) Means of injury **Fall**
23. Signature **J. E. Brown** (M, D, or other)
Address **1424 Pigeon Alley** Date signed **3-16-45**

18. (a) Signature of funeral director **H. T. Brown**
(b) Address **K.P. 140**
19. (a) **3-21-45** (Date received local registrar) (b) **J. E. Brown** (Registrar's signature)

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

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

J. S. Walton

Licensed Embalmer No

2744

P. O. Address

K.C. 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.