

FILED JAN 15 1946 STANDARD CERTIFICATE OF DEATH

State File No.

41149
41150

Registration District No.

118

Primary Registration District No.

5441

Registrar's No.

152

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural "Third Creek Sups"
(c) Name of hospital or institution: 1st St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHNNY HENRY DANUSER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 494-22-2423

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married; divorced Married
6. (b) Name of husband or wife Rosa 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased April 18 1897
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Bland Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name John Danuser
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Albetina Stephen
15. Birthplace Bland Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Johnny Danuser
(b) Address Bland, Mo.

17. (a) Burial (b) Date thereof 1 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Bland Ev. Cemetery

18. (a) Signature of funeral director Michael H. Winters

(b) Address Evansville, Mo.

19. (a) Dec. 31 1945 (b) Robert M. Murray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Bland Route
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1945 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug. 10
19 44 to 12 - 31 19 45
that I last saw him alive on 12-31
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Due to Interstitial Nephritis

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

Major findings:
Of operations 131a
Of autopsy
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) No
(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 Ed Bunge (Date signed) 1-2-46
Address Bland Mo

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

106

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-14-46

NOV 14 1946

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

Meifid H. H. Winter

Licensed Embalmer No.

3838

P. O. Address

Owensville Me

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.