

**FILED** FEB 1 1946Registration District No. **209**Primary Registration District No. **3043**Registrar's No. **9**

## 1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Hannibal  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Elizabeth's (Hosp)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 hours (Specify whether  
 In this community 35 Years years, months or days)

3. (a) PRINT  
FULL NAMEA. B. Danner3. (b) If veteran,  
name war3. (c) Social Security  
No.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married,  
divorced Married  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if  
alive 84 years  
 7. Birth date of deceased 3. II. 1857  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 I 28 hr. min.

9. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Jacob Baker Danner  
 13. Birthplace Penn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth (Not known)  
 15. Birthplace Not known  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. C. Gilbrath(b) Address Monroe City Mo.17. (a) Palmyra Mo. (b) Date thereof Jan. 2, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cemetery18. (a) Signature of funeral director A. M. Sprague(b) Address Palmyra Mo.19. (a) 1-3-46 (b) D. E. M. Drake  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31  
 year 1945 hour II minute 00 P. M.

21. I hereby certify that I attended the deceased from  
Dec 1<sup>st</sup>, 1945, to Dec 31, 1945  
 that I last saw him alive on Dec 21, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis

Duration

6 hours

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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?

(Specify type of place)  
 While at work? (e) Means of injury

23. Signature J. H. Belle (M. D. or other)  
 Address Palmyra Mo. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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

100000

**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

*A. M. Sprague*

Licensed Embalmer No.

999

P. O. Address

*Palmyra 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.**