

S. No. 2
M-5-43
7. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3497**
Registrar's No. **15**

Registration District No. **237**
Primary Registration District No. **6855**

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

1. PLACE OF DEATH: **Nodaway**
(a) County **Nodaway**
(b) City or town **Maryville-Rural White Cloud**
(c) Name of hospital or institution: **9 miles S.W. / townshi**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **35 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **James Monroe Danner**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **male**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Margaret Elizabeth Danner**
6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years: **76** Months: **8** Days: **5**
If less than one day hr. min.

9. Birthplace: **Watauga County N.C.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business **John Danner**

12. Name **unknown**

13. Birthplace **Charlotte Issac**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Mrs. Margaret Danner**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maryville, Missouri**
(b) Address **burial**

17. (a) (Burial, cremation, or removal) **burial**
(b) Date thereof: **1-17-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Miriam Cemetery**

18. (a) Signature of funeral director **Price Funeral Home**
(b) Address **Maryville, Mo**

19. (a) **Jan 23 1946** (b) **Beasly**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Nodaway 74**
(c) City or town **Maryville-rural-**
9 miles S.W. (If outside city or town limits, write "RURAL")
(d) Street No. **no** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **15**
year **1946** hour **5** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Dec 26th 1945** to **Jan 15th 1946**
that I last saw him alive on **Dec 26th 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-Lobar Pneumonia** Duration **2 4 days**

Due to **Influenza**

Due to **Senile dementia**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **none** **73b**

Of autopsy **none**

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 **L. E. Dean** (M. D. or other) **MD**

Address **Maryville Mo** Date signed **1-15-46**

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

John W. Price

Licensed Embalmer No. *4281*

P. O. Address. *Maryville 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.