

Registration District No. 100

Primary Registration District No. 5391

1. PLACE OF DEATH:

(a) County DENT
 (b) City or town RURAL-TEXAS TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: —
(Specify whether years, months or days)
 In this community 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT
 (c) City or town RURAL-TEXAS TOWNSHIP
(If outside city or town limits, write "RURAL")
 (d) Street 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 October day 4
 year 1946 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb 11 1946 to Sept 20 1946
 that I last saw her alive on Sept 20 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-vascular disease
with resulting thrombosis
 Duration 46 days
 Due to Cardio-vascular disease
 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 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 injury) (c) Means of injury —
 33. Signature L. H. Kern (M. D. or other) —
 Address Salon, Mo. Date signed 10/6/46

3. (a) PRINT FULL NAME WILLIAM DAMMANN

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex MO 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

7. Birth date of deceased: AUGUST 26 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 8
 If less than one day — hr. — min.

9. Birthplace IRON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business —

MOTHER FATHER { 12. Name HERMAN DAMMANN 4

13. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name KATHERN BIESER

15. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Ansdell

(b) Address 8001 VAN BUREN, ST. LOUIS, MO.

17. (a) BURIAL (b) Date thereof OCT. 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DAMMANN CEMETERY

18. (a) Signature of funeral director Hobson's Brandon

(b) Address SALEM, MO.

19. (a) 10-6-46 (b) In M. West M.D. by me
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 5,

District File Number 1046 5 71

Date Filed 10-17-46

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..... *Max L. Garfel*

Licensed Embalmer No. 4170

P. O. Address Salem, 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.