

FILED OCT 17 1946 STANDARD CERTIFICATE OF DEATH

33236

State File No.

Registration District No. 118

Primary Registration District No. 5437

Registrar's No. 26

1. PLACE OF DEATH:

(a) County LaSalle
(b) City or town Rural "Bourbon Sup"
(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 15 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHRIS DANUSER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 363-18-6314

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Bertha Buddemeyer Danuser 6. (c) Age of husband or wife if alive dead years 18 1865
7. Birth date of deceased November (Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Mosbrils Switzerland (City, town, or county) (State or foreign country)

10. Usual occupation Retired Watchman

11. Industry or business

12. Name Hans Danuser
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Burgen Lutter
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant John Danuser
(b) Address Safe, Mo.

17. (a) Burial (b) Date thereof 10 2 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ex. Cemetery, Woolden, Mo.

18. (a) Signature of funeral director Michael W. Winter
(b) Address Wynnsville, Mo.

19. (a) 10-11-46 (b) Barthelme Thompson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County 997
(c) City or town Detroit (If outside city or town limits, write "RURAL") 20
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 21
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29 year 1946 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from September 14, 1946 to September 29, 1946; that I last saw him alive on September 14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis of the Respiratory system 6 mos.

Due to 1
Due to

Other conditions Anemia 3 mos
(Include pregnancy within 3 months of death)

Major findings: Of operations 303
Of autopsy 1
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 place) (c) Means of injury 1

23. Signature W. H. Ammer (M. D. or other)
Address St. James, Mo. Date signed 11-1-46

JAN 29 1947

Date Filed 1/9-15-47

District File Number

District Health Officer No. 9,

RECEIVED

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 M. L. E.

....., Registered Apprentice No.
working under my personal supervision.

Signed Walter H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.