V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36442

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 256

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 1

(c) City or town Herman 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Fred W Danuser

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Danuser

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. (Month) 22 (Day) 1880 (Year)

8. AGE: Years 66 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Hermann Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business U.S. Boat Yards

FATHER
12. Name Christ Danuser 4
13. Birthplace Germany
(City, town or county) (State or foreign country)

MOTHER
14. Maiden name Veronica Bottermann 0
15. Birthplace Hermann Mo
(City, town or county) (State or foreign country)

16. (a) Informant Geo Danuser
(b) Address Hermann, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/16/46 (Month) (Day) (Year)
(c) Place: burial or cremation Hermann Mo

18. (a) Signature of funeral director E. R. Rendigs
(b) Address Hermann Mo

19. (a) 11-16-46 (Date received local registrar) (b) R. F. Dorris MD NR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1946 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 16, 1946 to Nov. 16, 1946
that I last saw him alive on Nov. 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	1-2 yrs
Due to	
Due to	
Other conditions Secondary Anemia (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy None

46 P

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

23. Signature Marshall W. Kelly M.D. (M. D. or other)
Address 202 Central Trust Bldg. Date signed 11/16/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-21-46

JAN 23 1947

JAN 20 1947

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 E. L. Rudige

Licensed Embalmer No. 2044

P. O. Address Herman 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.