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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41788

State File No.

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 401

1. PLACE OF DEATH:

(a) County ST. FRANCOIS
(b) City or town BONNE TERRE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BONNE TERRE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community TWO WEEKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. FRANCOIS 94
(c) City or town BONNE TERRE RURAL ROUTE 1
(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

3. (a) PRINT FULL NAME SAMIE ROLLAND DANE

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

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased AUGUST (Month) 17 (Day) 1930 (Year)

8. AGE: Years 16 Months 3 Days 25 If less than one day hr. min.

9. Birthplace DESLOGE, (City, town, or county) MO (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name SAM DANE
13. Birthplace BELGRADE (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Dolly HENRY
15. Birthplace IRONTON (City, town, or county) MO. (State or foreign country)

16. (a) Informant SAM DANE
(b) Address BONNE TERRE ROUTE 1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation ST. FRANCOIS MEMO. P.K.

18. (a) Signature of funeral director C. Z. Loyer
(b) Address DESLOGE MO

19. (a) 12-26-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12
year 46 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from NOV. 23, 1946 to DEC. 12, 1946
that I last saw him alive on DEC. 12, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction — Duration 2 wks.

Due to Hemorrhage of mesenteric artery into mesocolon.

Due to Horse kick in abdomen

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations As noted above
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) Horse kick 11/23/46
(b) Date of occurrence 11-23-46
(c) Where did injury occur? St. Francois Co., Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? no (e) Means of injury Kick of horse

23. Signature H. M. Roebber, (M. D. or other) M.D.
Address Bonne Terre, Mo. Date signed 12/14/46

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(Licensed Embalmer's Statement on Reverse Side)

ED

Health Officer No. 4

File Number 1246-304

Date Filed 12-30-46

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. L. T. Sayer

Licensed Embalmer No. 2660

P. O. Address Desloge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.