V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7919

FILED MAR 24 1947

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 337

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2908 Commercial St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 42 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2908 Commercial St.
(If rural, give location)

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

If yes, name country *

3. (a) PRINT FULL NAME Louis Richard Dancer

3. (b) If veteran, name war None

3. (c) Social Security No. 487-09-2044

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dollie

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November (Month) 1 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	4	6	hr. min.

9. Birthplace Cottonwood Falls (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Retired

11. Industry or business Schreiber Milling Co.

FATHER
12. Name John R. Dancer
13. Birthplace Unknown (City, town, or county) Washington (State or foreign country)

MOTHER
14. Maiden name Louise Meyers
15. Birthplace Unknown (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Mrs. Dollie Dancer

(b) Address 2908 Commercial St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 10, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Herman Wm. Sutterfield

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Mar 12, 1947 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1947 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from 3-7-47, 1947, to 3-7-, 1947; that I last saw him alive on 3-7-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1. Cerebral hemorrhage	3 hours
2. Coronary thrombosis.	3 hours
Due to	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 731 Faraon St. St. Joseph, Mo. Date signed 3-7-47

38 (Licensed Embalmer's Statement on Reverse Side)

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 James F. McClanahan, Registered Apprentice No. 486, working under my personal supervision.

Signed Robert L. Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.