

FILED MAY 19 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19959

State File No.

Registration District No. 374

Primary Registration District No. 4348

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Worth Missouri
(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)

3. (a) PRINT FULL NAME John Mikel Danner
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Not alive
7. Birth date of deceased Aug 22 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 6 If less than one day br. min.

9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

12. Name Abelene Danner
13. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)
14. Maiden name Susan Handrich
15. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie Danner
(b) Address Worth Missouri

17. (a) Burial (b) Date thereof May 1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cemetery

18. (a) Signature of funeral director John Anderson

(b) Address Grant City Missouri

19. (a) May 6-1947 (b) Leta E. Danner
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113
(c) City or town Worth Mo 0
(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)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 19 to 19;

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Compound injuries received in Worth, Mo.
Due to Automobile 3 min.

Due to 18 19

Other conditions (Include pregnancy within 3 months of death) 18 19

Major findings: Of operations 18 19

Of autopsy 18 19

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 112
(b) Date of occurrence 112
(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? 2 (Specify type of place) (c) Means of injury 2

23. Signature John C. Danner (Date received from registrar) 5-3-47
Address Grant City Mo Date signed 5-3-47

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

**DISTRICT HEALTH OFFICE
Camden, Mo.**

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.....

John Andrews Jr......, Registered Apprentice No.,
working under my personal supervision.

Signed John Andrews Jr......

Licensed Embalmer No. 4211.....

P. O. Address Grant City 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.