

S. No. 2  
M-8-43  
5-17-39  
K37823

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20524

Registration District No. 118

Primary Registration District No. 11885440

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Rural Clay Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 30  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime  
years, months or days

3. (a) PRINT FULL NAME Leon August Danuser

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 16 1932  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
14 10 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bland (Route) Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Student and farm helper

11. Industry or business

12. Name John Danuser  
13. Birthplace Bland Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nora Czeschin  
15. Birthplace Red Bird Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Danuser

(b) Address Bland, Mo.

17. (a) Burial (b) Date thereof 6 11 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ev. Cem. Old Bland

18. (a) Signature of funeral director Milford H. H. Winter

(b) Address Owensville, Mo.

19. (a) 6-10-47 (b) Death  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Bland  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th  
year 1947 hour 1 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

Accidental Death Due to Drowning

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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) Accident  
(b) Date of occurrence June 8 1947  
(c) Where did injury occur? 2 mi. South Bland Gasconade  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No.  
Dry Fork Creek near Bland, Mo.  
(Specify type of place) Means of injury \_\_\_\_\_

23. Signature He got H. Danuser (M. D. or other) coron  
Address Hempden Mo. Date signed 6/9/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 6/17/47

### 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 Ma

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

Signed Michael A. N. Winter  
Licensed Embalmer No. 3835  
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.**