

S. No. 2
M-1/47
r. 5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics
FEB JAN 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44275

Registration District No. 183

Primary Registration District No. 5484

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town McFall Rural Butler Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 7 mile NE McFall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether in this community.....) 5 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town Rural 0
(If outside city or town limits, write "RURAL.")

(d) Street No. 7 mile NE of McFall 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME CLARENCE GILBERT 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 S

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

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

7. Birth date of deceased Nov 27 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

5 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Wilton Danner

13. Birthplace Harrison County MO
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ruce

15. Birthplace Stambers MO
(City, town, or county) (State or foreign country)

16. (a) Informant Wilton Danner

(b) Address McFall MO

17. (a) Burial (b) Date thereof Dec 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foster Cemetery

18. (a) Signature of funeral director W. H. Noble

(b) Address New Hampton MO

19. (a) 12/5/47 (b) Zda Burres
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1947 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov 27 1947, to Dec 1 1947
that I last saw him alive on Dec 1 1947
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Premature birth

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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?..... (c) Means of injury 2

23. Signature E. J. Pray (S. D. or other) 2
Albany, MO Date signed 12-2-47

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W. H. Noble*

Licensed Embalmer No. *2908*

P. O. Address *New Hampton*

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.