

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1948
156

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution St. John Hosp. J
(d) Length of stay 7 days
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo Kan.
(b) County Jasper
(c) City or town Joplin Galena
(d) Street No St. John Hospital Bldg. 1
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME IRA J. DANFEL

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

4. Sex M color VY
5. Color or race VY
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY DANFEL
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased June 20 1905

8. AGE: Years 42 Months 7 Days 3

9. Birthplace Cantonville Mo

10. Usual occupation Lead Miner

11. Industry or business
12. Name A. H. Hensler
13. Birthplace No Record Mo
14. Maiden name Hattie Hensler
15. Birthplace No Record Mo

16. (a) Informant Mary Hensler
(b) Address Galena Kans

17. (a) Removal
(b) Date thereof 1-23-48
(c) Place: burial or cremation Galena Kans

18. (a) Signature of funeral director Rotted Funeral Home
(b) Address Galena

19. (a) 1-24-48 (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1948 hour 3 minute 45 AM

21. I hereby certify that I attended the deceased from 21 Jan 1948 to 23 Jan 1948 that I last saw him alive on 22 Jan 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Basal Skull Fracture 86 HRS

Due to _____
Due to _____
Other conditions Brain Laceration - 24 HRS

Major findings: Of operations 17 Dec 48
Of autopsy 17 Dec 48

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 17.2
(b) Date of occurrence 1-21-48
(c) Where did injury occur? Joplin, Jasper Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street
While at work? No (e) Means of injury Auto Accident

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

49
512

48-1-85

MAH 4/21

MAH 4/21

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 Steve Parker

Licensed Embalmer No. 2548

P. O. Address Poplar and

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.