

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Bosworth Judge rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CARROLL  
(c) City or town BOSWORTH MO RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 17  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1948 hour 9 minute 15 P.M.  
21. I hereby certify that I attended the deceased from Feb  
1 1948 to April 3 1948  
that I last saw him alive on April 3 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cancer of rectum  
and colon  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations H&E  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(c) 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury 2  
23. Signature Dr. A. A. Welsh (M. D. or other) DO  
Address Hale MO Date signed 4-6-48

3. (a) PRINT FULL NAME JESSE OWEN DANNEKS  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex mo 5. Color or race w 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife Mabel Dannels 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased JAN 18 1884  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wilson Co. Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Oliver H. Dannels  
13. Birthplace KIOWA  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Garrett  
15. Birthplace MO. D  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Dannels  
(b) Address Bosworth

17. (a) Burial (b) Date thereof 4-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wharton Cemetery

18. (a) Signature of funeral director David Edwards  
(b) Address Bosworth MO  
19. (a) 4-7-1948 (b) Pearl Koch  
(Date received local registrar) (Registrar's signature) 47

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

100

1700

JAN 28 1948

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-19-48

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 David Edwards

Licensed Embalmer No. 3265

P. O. Address Bosworth 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.