

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 92

## 1. PLACE OF DEATH:

(a) County Grundy  
 (b) City or town Trenton  
 (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  
 years, months or days) 18 Years

3. (a) PRINT Anna Rebecca Danielson  
FULL NAME.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Aaron Danielson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov. 4, 1871  
 (Month) (Day) (Year)

8. AGE: Years Months Days 77 6 25 If less than one day hr. min.

9. Birthplace Decatur County Iowa  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Own Home

MOTHER FATHER { 12. Name Hinchman Engle

13. Birthplace Ohio  
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Jane Phillips

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

16. (a) Informant \_\_\_\_\_

(b) Address Trenton, Mo.

17. (a) Burial (b) Date thereof May 31, 1949  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
Elm Cemetery

(c) Place: burial or cremation Wayne County, Iowa

18. (a) Signature of funeral director James L. Shuler

(b) Address Lineville, Iowa

19. (a) June 1, 1949 (b) Gene Jewell  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Grundy 40  
 (c) City or town Trenton  
 (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 May day 24  
 year 1949 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July  
 \_\_\_\_\_, 1949, to May 29, 1949;  
 that I last saw her alive on \_\_\_\_\_, 1949;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis generalized Duration \_\_\_\_\_

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

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

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

## 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) \_\_\_\_\_

(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 \_\_\_\_\_

23. Signature C. L. Clark (M. D. or other) M.D.

Address Trenton, Mo. Date signed June 1, 49



**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.....

*Paul L. Greener*

Licensed Embalmer No. ....

*3967*

P. O. Address.....

*Lincville Pa*

**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.**