

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39743
 Do not use this space.

DEC 15 1929

1. PLACE OF DEATH

(a) County Henry Registration District No. 349

(b) Township Sto Primary Registration District No. 4207 Registered No. 3

(c) City Calhoun (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Caroline Amelia Dannett

(a) Residence, No. 26. 7th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Dannett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 1860

7. AGE YEARS 79 MONTHS 6 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Byron Ill.

FATHER 13. NAME D. C. Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Ann B. Mulholland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Ethlyn Jones Calhoun

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE Nov 5 1929

19. FUNERAL DIRECTOR (ADDRESS) A. H. Housey Calhoun Mo

20. FILED Nov 5 1929 Mrs. Edith J. Dimp Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1929

22. I HEREBY CERTIFY, That I attended (deceased from) Oct 26 1929 to Nov 3 1929

I last saw her alive on Nov 2 1929 Death is said to have occurred on the date stated above, at 3:12 p.m.

The principal cause of death and related causes of importance were as follows:

Heart Trouble. Chronic myocarditis

Date of onset Oct 26

Other contributory causes of importance: Dropsey

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ni

If so, specify _____ (Signed) D. A. P. [Signature], M. D.

(Address) Calhoun

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7
District File Number 7-39-1639
Date Filed 12-8-39

STATEMENT BY LICENSED EMBALMER

I, J. A. Housley, Licensed Embalmer No. ~~3502~~

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed J. A. Housley
Licensed Embalmer No. 3502

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.)