

No. 2
5-42
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X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Hallingsworth
State File No. 5387
Registrar's No. 28

Registration District No. 137

Primary Registration District No. 5506

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Montrose
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

(c) City or town Montrose Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME HENRY-JOHN-DANZEBRINK

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3
year 1946 hour 8:15 minute 17 M.

4. Sex M () 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 3 17 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 12 1945 to 2/2/1946

that I last saw him alive on 2/2/1946 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 10 Days 17 If less than one day _____ hr. _____ min.

Immediate cause of death: Hypostatic Pneumonia Duration 2 days

9. Birthplace Montrose Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions Chronic Myocarditis 2 years
(Include pregnancy within 3 months of death)

Angina Pectoris

11. Industry or business _____

12. Name Henry William Danzebrink

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

14. Maiden name Bernadine Caspeman

15. Birthplace Warren Co Mo
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy 930

16. (a) Informant Florence Danzebrink

(b) Address Montrose Mo

17. (a) German town (b) Date thereof 2-6-46
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation German town

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Fred Will

(b) Address Clinton Mo

19. (a) 2-5-46 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature R. S. Hallingsworth (M. D. or other) _____

Address Clinton Mo Date signed 2/5/46

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

MOTHER FATHER

120

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Dis. No. Officer No. 7,

Dis. License Number 2-46-219

Date Filed 3-11-46

OCT 24 1956

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 Fred W. Wilkerson

Licensed Embalmer No. 5478

P. O. Address Osceola, 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.