JUL 17 1939

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

22416
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper | Registration District No. 408
(b) Township or City Marion | Primary Registration District No. 5562 | Registered No. 106
(c) Carthage | (d) Street No. ..... St.
(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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 560 Gertrude C. Danner
(a) Residence, No. Route 1 St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Orlena Danner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1871
7. AGE YEARS 67 MONTHS 8 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. .....
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) Frenchlick Indiana

FATHER
13. NAME Davis H. Danner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Sarah Cummings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. Orlena Danner Route 1 - Carthage, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Cash Cemetery DATE June 4, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kahee Mortuary Carthage, Mo.
20. FILED June 3, 1939 E. J. McIntire, M.D. 365 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 24, 1939, to June 1, 1939
I last saw him alive on June 1, 1939 Death is said to have occurred on the date stated above, at 6:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
94 W	

Other contributory causes of importance:
Congenital Cystic Kidney right

Name of operation None Date of .....
What test confirmed diagnosis? Xray Was there an autopsy? No

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? No
If so, specify .....
(Signed) George H. Wood, M. D.
(Address) Carthage Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X16605

RECEIVED
District Health Officer No. 6,
District File Number 739-1484
Date Filed JUL 13 1939

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 P W Knuell

Licensed Embalmer No. 814

P. O. Address Carthage, 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, above space should be left blank.