

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3742
State File No.

Registrar's No.

Registration District No. b53

Primary Registration District No. 5972

1. PLACE OF DEATH:

(a) County Pemissot
(b) City or town Gabler (Virginia Ave)
(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 1 (Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Carrie Danton

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Cal 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased 12 - 13 - 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 0 hr. _____ min.

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

10. Usual occupation man

11. Industry or business _____

12. Name Henry Danton

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

14. Maiden name Martha Montgomerie

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

16. (a) Informant Henry Danton

(b) Address Gabler

17. (a) Burial (b) Date thereof 1 - 14 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gabler

18. (a) Signature of funeral director Friends

(b) Address _____

19. (a) 2/19/41 (b) S. S. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemissot

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

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

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13
year 1941 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 13
1941, to 13, 1941;

that I last saw her alive on 13, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to ✓

Due to ✓

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?
5801 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. M. Robbins (M. D. or other) D

Address Steele Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

8006

11-10-39
5-17-39
X21482

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

2 - 41 - 53

109 JUL 12 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.