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13-40
7-39
X231509

Registration District No. 655 Primary Registration District No. 5872 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Boonville
(b) City or town Boonville, Union, Va.
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boonville 78
(c) City or town Steele (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.? _____ years.

3. (a) PRINT FULL NAME Margella Dannefert
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 19 1941
year _____ hour _____ minute 12:00 A.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 5-4-41, 1941, to 5-4-41, 1941; that I last saw h.c.y. alive on 5-4-, 1941 and that death occurred on the date and hour stated above.

7. Birth date of deceased 1/1 (Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Stomach Ulceritis (Tuberculous) 1 wk

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

Due to _____
Due to 14
Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation Dept
11. Industry or business _____
12. Name Jane Dannefert
13. Birthplace Ark. (City, town, or county) (State or foreign country)
14. Maiden name Bessie Schales
15. Birthplace Ark. (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: Of operations
Of autopsy

16. (a) Informant Jane Dannefert
(b) Address Steele
17. (a) Steele (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) _____
(c) Place: burial or cremation Steele
18. (a) Signature of funeral director Wm Dannefert
(b) Address Steele Mo.
19. (a) Jane 574 (b) L. F. Williams (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) L
(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? 5
While at work? (Specify type of place) (e) Means of injury 5
23. Signature E. L. Taylor (M. D. or other) MD
Address Steele, Mo. Date signed May 5 1941

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

MOTHER FATHER

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, fact should be so stated above.