

No. 2  
4-12-40  
5-17-39  
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FILED JUN 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19184

Registration District No. 831

Primary Registration District No. 4504

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbyville

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community 82 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby

(c) City or town Shelbyville (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.

3. (a) PRINT FULL NAME THEODORE BRAXTON DANRELL

3. (b) If veteran, name war 2nd

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1941 hour 3 minute 30 P M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nellie Danrell

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 9 - 1859 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 18, 1941, to May 21, 1941; that I last saw him alive on May 21 12:13 P M; and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 0 Days 17 If less than one day hr. min.

Immediate cause of death Chronic interstitial nephritis ?

Due to Arterio Sclerosis ?

Due to 1210

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Retired

PHYSICIAN

Major findings: Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Alphus Danrell

13. Birthplace 1 Ky (City, town, or county) (State or foreign country)

14. Maiden name Lupine Strubling

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

16. (a) Informant Mrs. Nellie Danrell

(b) Address Shelbyville, Mo.

17. (a) Burial (b) Date thereof May 23, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O. O. F. Cemetery

18. (a) Signature of funeral director E. R. Thompson

(b) Address Shelbyville, Mo.

19. (a) May 22 - 41 Pearl Goe (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? 748 (Specify type of place)

While at work? (e) Means of injury

23. Signature P. C. Araker (M. D. or other) D

Address Shelbyville, Mo Date signed 5-22-41

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

0200

**RECEIVED**

District Health Officer No. 10

District File Number 6-41-1068

Date Filed JUN 11 1941

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**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.....

*E. P. Thompson*

Licensed Embalmer No. 1632

P. O. Address. Shelbyville, Pa.

**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.**