

No. 2  
-4-41  
17-39  
X26390

FILLED AUG 1 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **25228**

Registration District No. **389**

Primary Registration District No. **5543**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **HOWELL**  
(b) City or town **"RURAL" MYATT TWP**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**WEST PLAINS, Mo. ROUTE 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **No.**  
(Specify whether  
In this community **20 YEARS**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **HOWELL**  
(c) City or town **"RURAL" MYATT TWP.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **WEST PLAINS, ROUTE 1**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **15**  
year **1941** hour **3** minute **30 P.** M.  
21. I hereby certify that I attended the deceased from  
**5/28** 19**41** to **6/13** 19**41**  
that I last saw **h** alive on **6/13** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Heart Block**  
Duration **6 1/2**

Due to \_\_\_\_\_  
Due to **Arterio Sclerosis**

Other conditions **gta**  
(Include pregnancy within 3 months of death)

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

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)  
(a) Means of injury \_\_\_\_\_

23. Signature **Maurice Thompson** (M. D. or other) **MD**  
Address **West Plains, Mo.** Date signed **6/10/41**

3. (a) PRINT FULL NAME **ELMER SPRAGUE DANAY**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MARTHA COX DANAY** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **SEPTEMBER 14, 1861**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **FREEDOM, OHIO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business \_\_\_\_\_

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **MISSOURI O.A.A. RECORDS**

(b) Address **WEST PLAINS, MO.**

17. (a) **BURIAL** (b) Date thereof **JUNE 17, 1941**  
(Burial, cremation, or removal) **EVERGREEN CEM.** (Month) (Day) (Year)

(c) Place: burial or cremation **HOWELL TWP. HOWELL COUNTY**

18. (a) Signature of funeral director **Hal Stroumburg**

(b) Address **WEST PLAINS, MO.**

19. (a) **6-17-41** (b) **Vida W SIMONS**  
(Date received local registrar) (Registrar's signature)

**344** (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 7411787

Date Filed .....

---

---

**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.**