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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED MAY 3 1943
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 412

1. PLACE OF DEATH:
(a) County Buchanan.
(b) City or town St. Joseph.
(c) Name of hospital or institution:
613 Dewey Avenue.
(d) Length of stay: In hospital or institution 33 Years.
In this community 33 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Buchanan.
(c) City or town St. Joseph.
(d) Street No. 613 Dewey Avenue.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME George Danbury.

3. (b) If veteran, no
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Mary Danbury.
6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 15 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 26
If less than one day hr. min.

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

10. Usual occupation Retired Mill Worker.

11. Industry or business Larbee Flower Mill

12. Name Charles Danbury.

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

14. Maiden name Elizabeth Edmondson.

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

16. (a) Informant Mrs Mary Danbury.
(b) Address 613 Dewey Avenue.

17. (a) Burial (b) Date thereof Apr. 14, 43
(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Herman E. Edmondson.
(b) Address 1802 Union St. St. Joseph Mo.

19. (a) 4-14-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
year 1943 hour 7 minute 50 a. M.

21. I hereby certify that I examined the deceased on April 11th 1943 to that I last saw him alive on April 11th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis 1 day

Due to General Arterio Sclerosis 10y.

Due to 94%

Other conditions: (Includes pregnancy within 3 months of death)

Major findings: Man was found dead following a retirement of operations. No. of thirteen years from Curcho's vascular disease.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature H F Muzaly, Coroner
Address 404 So 3rd St St. Joseph, Mo. Date signed 4/11/43

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

MOTHER FATHER

1255

(Licensed Embalmer's Statement on Reverse Side)

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~~
April 11, 43., Registered Apprentice No. _____
working under my personal supervision.

Signed John L. Hurley
Licensed Embalmer No. 4056
P. O. Address St. Joseph 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, fact should be so stated above: