U. S. No. 2
10M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11429

Registration District No. 7 Primary Registration District No. 5697 Registrar's No. 31

59 0 0

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe Rural Richill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: X (Specify whether years, months or days)
In this community: 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston
(c) City or town: Chillicothe Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Route #
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Edward Eugene Dannatt
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: single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: January (Month) 5 (Day) 1932 (Year)

8. AGE: Years	Months	Days	If less than one day
12	2	11	hr. min.

9. Birthplace: Meadville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: School Boy
11. Industry or business:
FATHER 12. Name: James Edward Dannatt
FATHER 13. Birthplace: Meadville (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Myrtle Brown
MOTHER 15. Birthplace: New Cambria (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: James Edward Dannatt
(b) Address: Chillicothe, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 18 '44 (Month) (Day) (Year)
(c) Place: burial or cremation: Meadville cemetery
18. (a) Signature of funeral director: Smiley Funeral Home
(b) Address: Wheeling Mo
19. (a) March 17 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1944 hour 1:40 minute P.M. M.
21. I hereby certify that I attended the deceased from March 7, 1944 to March 16, 1944 that I last saw him alive on March 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart decompensation	1 hr.
Due to: Pneumonia	3 days
Due to: thought to be Lobar Virus pneumonia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: X X 108	
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: P. J. Brennan (M. D. or other)
Address: Chillicothe Mo Date signed: 3/17/44

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(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 Self, Registered Apprentice No. _____, working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling 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.