S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1945

Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14459

Primary Registration District No. 6075

Registrar's No. 376

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs. 6 mos. 20 das.
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Qulin
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RUSSELL DANNER

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Della Fern Adams

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

7. Birth date of deceased March (Month) 19 (Day) 1909 (Year)

8. AGE: Years 36 Months 0 Days 13 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Gid Danner
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Luella Phillips
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Gregory Cem., Dunklin Co. Mo.

18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell, Missouri

19. (a) 4-7-45 (Date received local registrar) Forrest Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1945 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 31, 1937, 19, to April 2, 1945, 19; that I last saw him alive on April 2, 1945, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy — Duration 8 yrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No 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 Emmett L. Hoch (M. D. or other)

Address Farmington Mo. Date signed

1373

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 445-519

Date Filed 4-17-45

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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.