

No. 2-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42184

Registration District No. 171 Primary Registration District No. 4265 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Napoleon
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community life (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Henry Danner
3. (b) If veteran, name war M
3. (c) Social Security No. 495-09-7189

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 19 1872 (Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Coal miner + farmer

11. Industry of business

12. Name Dime Danner

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

14. Maiden name Dime Dime (City, town, or county) (State or foreign country)

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

16. (a) Informant Wilson Danner

(b) Address Napoleon Mo.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Wellington Mo.

18. (a) Signature of funeral director E. J. J. Funeral Home

(b) Address Wellington, Mo.

19. Dec. 11 1947 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Napoleon (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1947 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov 11 1947 that I last saw him alive on Nov 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Degeneration - with dilatation of pulmonary artery. Duration 48 hr.

Due to Acute Cerebral Hemorrhage 10 days

Due to
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy

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) (Specify type of injury)
23. Signature W. J. Bellom (M.D. or other) Address Wellington Date signed 12-14-47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

1-5-48

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. 4295

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.