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147  
39  
3908

FILED APR 8 1949

Registration District No. 3649

Primary Registration District No. 6252

Registrar's No. 3

1. PLACE OF DEATH:

(a) County WAYNE

(b) City or town MILL SPRING  
(If outside city or town limits, write "RURAL" and name of township)

(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 \_\_\_\_\_ (Specify whether)

In this community 5 YR. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Wayne

(c) City or town Mill Spring  
(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 ETWAY LESTEN DANHAUER

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 \_\_\_\_\_

6. (c) Age of husband or wife if alive 12 1/2

7. Birth date of deceased: FEB 14 1926  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 20  
year 1949 hour 11 minute 0 AM.

21. I hereby certify that I attended the deceased from Feb. 20 1949 to Feb. 20 1949  
that I last saw alive on Feb. 20 1949  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

8. AGE: Years Months Days If less than one day

73 0 6 hr. min.

Duration 26

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation CARPENTER

11. Industry or business BUILDING INDUSTRY

12. Name OLIVER DANHAUER

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

14. Maiden name UNKNOWN

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

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant IDA M. GUYER

(b) Address MILL SPRING

17. (a) BURIAL (b) Date thereof FEB 23 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MASONIC CEM

18. (a) Signature of funeral director Raymond W. ...

(b) Address Palmont Mo

19. (a) Mar 9, 1949 (b) Susan E. Pillsbury  
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury 1

23. Signature L. E. ... (M. D. or other) \_\_\_\_\_

Address ... Mo Date signed 2-21-49

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

RECEIVED

Health Officer No. 4  
File Number 449-45  
Date Filed 4-7-49

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Harvin E. Bowler

Licensed Embalmer No. 4426

P. O. Address Dumont, N.J.

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.