

FILED SEP 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. 26491

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 330

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

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| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau | |
| b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau | | c. CITY OR TOWN Cape Girardeau | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 1 yr. 4 | | e. STREET ADDRESS (If rural, give location) 337 North Ellis Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1527 New Madrid St Hickman Nursing Home | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) _____ c. (Last) DAMMERMAN | | 4. DATE OF DEATH (Month) (Day) (Year) September 2, 1954 | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 31, 1863 | 9. AGE (In years last birthday) 91 Months 3 Days 29 Hours 1 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and State or Foreign Country) Hanover, Germany | 12. CITIZEN OF WHAT COUNTRY? U. S. |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME Frederick Albers | | 13b. MOTHER'S MAIDEN NAME Mary True | | 14. NAME OF HUSBAND OR WIFE Henry Dammerman | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT'S SIGNATURE OR NAME Earl Dammerman ADDRESS San Francisco, Calif. | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wrist fracture | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Virus infection | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION 492X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR _____ |

22. I hereby certify that I attended the deceased from **9/21** 1954 to **9/25**, 1954, that I last saw the deceased alive on **9/21**, 1954, and that death occurred at **6:50** p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE [Signature] (Degree or title) _____ | 23b. ADDRESS Cape Girardeau | 23c. DATE SIGNED 9/24/54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Sept. 4, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery | 24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri |
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| DATE REC'D BY LOCAL REG. 9-3-54 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Cape Girardeau |
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SEP 20 1955

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William Lee Jones*

Licensed Embalmer No. *4419*

P. O. Address *Cape Girardeau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.