

Registration District No. **296**

Primary Registration District No. **6019**

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Orrick-Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 mile north Albany
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 77 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray **89**

(c) City or town Rural **0**
(If outside city or town limits, write "RURAL")

(d) Street No. 1 Mile north Albany **0**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Martha Ann Danner

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Danner 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased May 22, 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 **8**
 year 1947 hour 10:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 2-1-2- 1946 to 1-30- 1947
 that I last saw her alive on 1-28- 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>8</u>	<u>8</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage **3 hrs.**

Due to Chronic interstitial nephritis **Unknown**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business Housewife

MOTHER { 12. Name Unknown **9**
 13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary E. O'Dell
 (b) Address Orrick, Mo.

17. (a) Burial (b) Date thereof 2/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Richmond

18. (a) Signature of funeral director Quest. Lile F.H.
 (b) Address Richmond, Missouri

19. (a) 2-7-47 (b) Helen Walker
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 131A

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? **0**

While at work? _____ (Specify type of place)
 (e) Means of injury _____ **0**

23. Signature Virgil E. Shad (M. D. or other) **0**
 Address Orrick, Mo. Date signed 2-4-47

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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-22-47

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 *Gingrich*

Licensed Embalmer No. 4066

P. O. Address Richmond, 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.