

S. No. 2
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Rev. 5-17-39
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42232

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 6

Registration District No. 297
Primary Registration District No. 3057

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North College Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether years, months or days)
In this community 63 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. North College Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Strother Danner
3. (b) If veteran, name war No
3. (c) Social Security No. 496-09-4275

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 30
year 1945 hour 9 minute P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Eva Danner
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased July 27, 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
Duration ?

8. AGE: Years Months Days If less than one day
66 5 4 hr. min.

Due to _____
Due to _____

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

10. Usual occupation Miner

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

11. Industry or business _____

12. Name Simon Danner

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

14. Maiden name Louisa Sims

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

16. (a) Informant Mrs. Eva Danner

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 1/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Quest-Life Fun. Home

(b) Address Richmond, Mo.

19. (a) Jan 9-46 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of 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? _____

While at work _____ (Specify type of place)
(a) means of injury _____
23. Signature John J. Crow (M. D. or D. O.)
Address Richmond, Mo. Date signed 1-9-46

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

MOTHER FATHER

1031

(Licensed Embalmer's Statement on Reverse Side)

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..... *John Sweet*

Licensed Embalmer No. *4094*

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.