

## FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

28909

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 952

## 1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1502 Pacific St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 30 years

3. (a) PRINT  
FULL NAMEAugusta Dannevik3. (b) If veteran  
name war No3. (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 Peter Dannevik 6. (c) Age of husband or wife if alive 22 years  
7. Birth date of deceased April 22 1873  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 14 If less than one day  
hr. min.

9. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation At home  
At home

## 11. Industry or business

12. Name Karl Ruhnke  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie Nimitz  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Dorothy Dannevik  
(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 9/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wathena, Kansas.

18. (a) Signature of funeral director Heater - Bowman  
(b) Address St. Joseph, Mo.

19. (a) 9-11-48 (b) E. B. Jenkins  
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1502 Pacific St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6  
year 1948 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from April 22  
1948 to Sept 6 1948  
that I last saw her alive on Sept 5 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Insufficiency  
Due to Chronic Hypertension

Due to Chronic Hypertension

Due to Chronic Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 932

Of autopsies

Underline the cause of 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? (Specify type of place)

While at work? (Specify type of place) Means of injury

23. Signature Walter H. Law (M. D. or other) M.D.  
Address Richmond Bldg St Joseph Mo Date signed 9/7/48

## PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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..... *William Spalding*.....  
Licensed Embalmer No..... *4535-*.....  
P. O. Address..... *3195 11th St, H. Joseph*.....

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.