DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7005

FILED MAR 8 - 1940

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jane Chinn Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carl Junction Rural (If outside city or town limits, write "RURAL")

(d) Street No. ... (If rural, give location)

(e) If foreign born, how long in U. S. A.? ... years.

RAYMOND VERN DENNING.

3. (a) PRINT FULL NAME RAYMOND VERN DENNING

3. (b) If veteran, name war No

3. (c) Social Security No. 447-07-2408

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Bessie BESSIE DENNING

6. (c) Age of ~~husband or~~ wife if alive 30 years

7. Birth date of deceased September 2 1906 (Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 3 If less than one day ... hr. ... min.

9. Birthplace Carl Junction (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer and H.P.A.

11. Industry or business

FATHER
12. Name Oliver Denning
13. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Rose ~~Denning~~ BRENNAN.
15. Birthplace Linley (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Bessie Denning

(b) Address R1 Carl Junction Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Feby 8 1940 (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT HILL CEMETARY

18. (a) Signature of funeral director J M Knell

(b) Address Carthage Mo.

19. (a) FEB. 6. 40 (Date received local registrar) (b) J. L. Pritchett M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5 year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 3, 1940, to Feb 5, 1940, that I last saw him alive on Feb 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to ...

Due to ...

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ... Of autopsy ...

Duration

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? ... (Specify type of place)

While at work? ... (e) Means of injury ...

23. Signature C. F. Gregory (M. D. or other) Do.

Address Webb City, Mo. Date signed 2/6/40

377

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2
50M-5-17-39
Rev. 5-17-39
1 X19511

RECEIVED
District Health Officer No. 6,
District File Number 340-676
Date Filed MAR 7 1940

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.....

Licensed Embalmer No. 391

P. O. Address.....

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, above space should be left blank.