

APR 23 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11806
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 55
 (b) Township..... Primary Registration District No. 4033 Registered No. 14
 (c) City Hidexon (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bertha Auida Denson
 (a) Residence, No. Hidexon, Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) never born
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-8-40
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hidexon, Mo

FATHER 13. NAME James Taylor Denson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donnell, Miss

MOTHER 15. MAIDEN NAME Bertha Kallase
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grubbs, Ark

17. INFORMANT (ADDRESS) James Taylor Denson - father Hidexon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanfield Cemetery DATE 3-9-40 1940
Charlton, Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) 5-41

20. FILED Apr 5 19 40 M. V. Munson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1940
 22. I HEREBY CERTIFY, That I attended deceased from 3/8/40 19... to 3/9/40 19...
 I last saw her alive on 2:00 AM 19... Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:

asphyxiation

Other contributory causes of importance: 161A

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19...
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) J. Hopkins M. D.
 (Address) Hidexon, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

RECEIVED

District Health Office No.

District File Number 440-92

Date Filed 4/12/4

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.....

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.