

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

14911
Do not use this space

FILED MAY 13 1940

1. PLACE OF DEATH
 (a) County Lancaster Registration District No. 318
 (b) Township _____ Primary Registration District No. 2001 Registered No. _____
 (c) City Springfield (d) Street No. St. John Hospital 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 Media Denny
 (a) Residence, No. 500 New Mo. Sp. (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF W. C. Denny
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-27-1872
 7. AGE YEARS 67 MONTHS 7 DAYS 20 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. housewife
 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) Ava Mo.
 FATHER 13. NAME Anderson Hantley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ava Mo.
 MOTHER 15. MAIDEN NAME Virginia Holston
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.
 17. INFORMANT (ADDRESS) W. E. Denny New Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Red Oak DATE 4-18-1940
 19. FUNERAL DIRECTOR (ADDRESS) Morris Feiman Miller Mo.
 20. FILED 4-18-1940 W. E. Denny Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17-1940
 22. I HEREBY CERTIFY, That I attended deceased from April 16, 1940, to April 17, 1940
 I last saw her alive on April 17, 1940 Death is said to have occurred on the date stated above, at 1249 m.
 The principal cause of death and related causes of importance were as follows:
acidosis - coma resulting from
54
 Other contributory causes of importance:
Diabetes Mellitus
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? No.
 If so, specify _____
 (Signed) Emperich M. D.
 (Address) Springfield Mo.
4-17-40

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.

STATEMENT BY LICENSED EMBALMER

I, L. R. Seimon, Licensed Embalmer No. 3297

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed L. R. Seimon

Licensed Embalmer No. 3297

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.)