

JUN 17 1940

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5104¹ Indep. Ave., K. C. Mo. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 27 yrs.
years, months or days)

3. (a) PRINT FULL NAME Guy Edgar Denney 577

8. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Jan 9 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 3 23 hr. XX min.

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

10. Usual occupation Watch maker none

11. Industry or business For self 6

MOTHER FATHER { 12. Name Harrison Denney C

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

14. Maiden name Margaret Edna Yandle

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

16. (a) Informant ~~Kent~~ Harrison Denney

(b) Address 5104¹ Indep. Ave.

17. (a) Burial (b) Date thereof 5/4/30
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit

18. (a) Signature of funeral director John P. Sheil

(b) Address 6606 Indep. Ave. K. C. Mo

19. (a) May 3, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 5104¹ Indep. Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2 year 40
hour 2:00 minute 00 M.

21. I hereby certify that attended deceased from 2:00 P.
1940, to 19;
that I was alive on 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Acute pulmonary edema
Acute coronary occlusion
Duration

Due to Acute pulmonary edema
Due to Acute coronary occlusion
Other conditions 9/4/35

Major findings:
Of operations

Of autopsy

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) (by means of injury)
23. Signature Guy Edgar Denney (M. D. or other)
Address K. C. Mo Date signed

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.