FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21305

Registration District No. 89 | Primary Registration District No. 3007 | Registrar's No. 176

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days (Specify whether years, months or days)
In this community: 538

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Shannon
(c) City or town: 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.

3. (a) PRINT FULL NAME: Agnes Beatrice Denton
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 7 (Month) 13 (Day) 1921 (Year)

8. AGE: Years 18 | Months 10 | Days 19 | If less than one day: hr. min. 0

9. Birthplace: Carter Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: School Girl
11. Industry or business:
FATHER
12. Name: Fitch Denton
13. Birthplace: Howell Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Bennie Anthony
15. Birthplace: Carter Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant's own signature: Fitch Denton
(b) Address: Verona Mo
17. (a) Mt Zion (Burial, cremation, or removal) (b) Date thereof: 6-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Zion
18. (a) Signature of funeral director: Roy Satchel
(b) Address: Van Buren Mo
19. (a) 6/5/40 (Date received local registrar) (b) Oblutsinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1940 hour 8: minute 30 P M.
21. I hereby certify that I attended the deceased from May 27, 1940, to June 2, 1940, that I last saw her alive on June 2, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diphtheria	
Due to:	
Due to:	
Other conditions: Acute nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy:

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: [illegible] (M. D. or other)
Address: Poplar Bluff Mo Date signed 6-7-40

(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.

60M-5-17-39
Rev. 5-17-39
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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~~ 6-2-40

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Philip A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Mo

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.