

No. 2
-10.39
7-39
X21492

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28443

State File No.

Registration District No.

Primary Registration District No. 5401

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town near Campbell
(c) Name of hospital or institution: Union W. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution most of life (Specify whether years, months or days) 75

8. (a) PRINT FULL NAME Joseph L DENSON

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 1 - 1865 -
(Month) (Day) (Year)

8. AGE: Years 85 - Months 7 Days 8 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name John Denson

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

14. Maiden name Elizabeth Wilson

15. Birthplace Ark (City, town, or county) (State or foreign country) Aug - 9 - 46

16. (a) Informant for Whitehead

(b) Address Campbell, Mo

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Andrew Samuel Stone

(b) Address Campbell, Mo

19. (a) 8/9 1940 (b) C. W. Sanders (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin
(c) City or town Campbell 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1940 hour 13 minute 30 P M.

21. I hereby certify that I attended the deceased from June 23, 1940, to _____, 19____; that I last saw him alive on June 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration years

Due to 95C

Due to _____

Other conditions Carbosis of liver (Include pregnancy within 3 months of death) 124B years

Major findings: Of operations none PHYSICIAN _____

Of autopsy none 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? 256

While at work? (Specify type of place) _____

(e) Means of injury 3

23. Signature N. D. Davis (M. D. or other) Dr

Address Walden Mo Date signed 8/9/40

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

RECEIVED

District Health Officer

District File Number 940-1

Date Filed 9/6/4

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.