No. 2
1-10-39
17-39
X21492

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

FILED NOV 21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36154

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 187

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 539 Barrow St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 2 (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly (If outside city or town limits, write "RURAL")

(d) Street No. 539 Barrow (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME IDA DENHAM

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased June (Month) 19 (Day) 1866 (Year)

8. AGE: Years 74 Months 2 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace ? (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation In Home 9

11. Industry or business Housekeeper 9

FATHER
12. Name Barney Preston
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Harry Shearer

(b) Address Moberly, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-40 (Month) (Day) (Year)

(c) Place: burial or cremation Locust Grove

18. (a) Signature of funeral director Sarkis

(b) Address Columbia, Mo

19. (a) Sept 9-40 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th year 1940 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from March 15, 1939, to Sept 8, 1940 that I last saw her alive on Sept 7, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	Month
Due to Hypertension	
Due to Senility	
Other conditions 0 (Include pregnancy within 3 months of death) 82 W	

Major findings:
Of operations none
Of autopsy none

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? 925 (Specify type of place)

While at work? (e) Means of injury

23. Signature Martin P. Hunter (M. D. or other) M.D.

Address Moberly, Mo. Date signed Sept 9 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-40-1981
Date Filed OCT 24 1940

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. 4132

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.