

FILED APR 15 1941

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

9833

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 374  
 (b) Township Kaw Primary Registration District No. 48  
 (c) City Kansas City (d) Street No. St. Joseph Hospital Registered No. 21242 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? 0 yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 816 So. Dutty Vainmont St. St.  (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-14, 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
— 4 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chief  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Kansas City  
 (STATE OR COUNTRY) Missouri

13. NAME Jacob C. Denton

14. BIRTHPLACE (CITY OR TOWN) Jackson County  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Marlene V. Nickles

16. BIRTHPLACE (CITY OR TOWN) Kansas City  
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Jacob C. Denton  
816 So. Dutty Vainmont

18. BURIAL, CREMATION, OR REMOVAL PLACE Maind. Stone Cem. DATE 03/27, 1941

19. FUNERAL DIRECTOR (ADDRESS) Boyd C. Cannon  
Independence Mo.

20. FILED 3/28, 1941 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1941

22. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1941, to Mar. 25, 1941.  
 I last saw him alive on Mar. 25, 1941. Death is said to have occurred on the date stated above, at 6:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumoniae, Acute Bronchial Pneumonia  
 Date of onset

Other contributory causes of importance:

Influenza

Name of operation Chloroform Date of 3/28  
 What test confirmed diagnosis? Chloroform Was there an autopsy? yes

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?  
 If so, specify (Signed) William D. Williams, M. D.  
 (Address) 10317 N. 1st St.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Ralph M. Ellis*  
Licensed Embalmer No. *4124*

**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.)**

*Indy. Mo.*