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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11799

Registration District No. 735

Primary Registration District No. 3034

Registrar's No.

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

**1. PLACE OF DEATH:**

(a) County Randolph Co

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

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

(d) Length of stay: In hospital or institution (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. 101 Hallock St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Finley Denny

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex Male 0

5. Color or race Col

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

6. (b) Name of husband or wife Julia

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

7. Birth date of deceased Mar 15th (Month) (Day) 1895 (Year)

8. AGE: Years 46 | Months | Days 4 | If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Any Place Could work

FATHER
12. Name Fin Denny
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Patsy Terrill
15. Birthplace (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Arthur Denny

(b) Address 101 Hallack St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22-41 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director R. L. Carr

(b) Address Moberly Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 19 year 1941 hour 6 A minute M.

21. I hereby certify that I attended the deceased from March 1, 1941, to March 18, 1941 that I last saw him alive on March 18, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension

Due to

Other conditions Chr Myocarditis Chr Nephritis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 H. C. Griffith (M. D. or other)

Address Moberly Mo Date signed 3/22/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moberly MO

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

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# STANDARD CERTIFICATE OF DEATH

State File No. 11799

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

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

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Finley Denny
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race Col
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 46 Months Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 3-22-41 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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 H. C. Griffith (M. D. or other)
Address Moberly Mo Date signed

SUPPLEMENTARY

(Licensed Embalmer's Statement on Reverse Side)

11799

**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 wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**