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

FILED MAY 21 1941 See also 18520-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15303

Registration District No. 604 Primary Registration District No. 5802 Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid

(b) ~~City or town~~ New Madrid Twp

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

(c) Name of hospital or institution: no

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether

In this community About 10 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Rural 0

(If outside city or town limits write "RURAL") 0

(d) Street No.

(If rural, give location)

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

3. (a) PRINT FULL NAME Jim Denby

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Evelyn Denby

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct. (Month) 8 (Day) 1881 (Year)

8. AGE: Years 59 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Jefferson Co (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Share Cropper

11. Industry or business No

FATHER
12. Name Henery Denby
13. Birthplace Unk (City, town, or county) Miss. (State or foreign country)

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

16. (a) Informant Ophelia Denby

(b) Address Matthews, R 3 B 274

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Kewanee

18. (a) Signature of funeral director No 533

(b) Address

19. (a) 5/19/41 (Date received local registrar) (b) Wm O'Bannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1941 hour 6:00 minute a.m.

21. I hereby certify that I attended the deceased from April 24, 1941, to April 30, 1941; that I last saw him alive on April 30, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Myocarditis	
Due to	
Due to	
Other conditions No (Include pregnancy within 3 months of death)	
Major findings: Of operations No	
Of autopsy No	

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 No

(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 0

23. Signature W. L. Diggs (M. D. or ~~other~~)

Address New Madrid Date signed

(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.....

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, above space should be left blank.