

No. 2  
1-4-41  
-17-39  
X25390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30708

FILLED OCT 13 1941  
399

Registrar's No. 3465

Registration District No. 399

Primary Registration District No. 1002

18  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Jackson

(b) City or town. Kansas City, Mo.

(c) Name of hospital or institution:  
3511 Gladstone Blvd.

(d) Length of stay: In hospital or institution. 40 Years

In this community. 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson 48

(c) City or town. Kansas City 3

(d) Street No. 3511 Gladstone Blvd. 8

(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME Mrs. Jennie M. Denny

3. (b) If veteran, name war. No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Sept day 16th  
year 1941 hour 1 minute 45 A.M.

4. Sex. Female/ 5. Color or race. White

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

6. (b) Name of husband or wife. Mr. Edward C. Denny

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

7. Birth date of deceased. March 4 1886

21. I hereby certify that I attended the deceased from Sept 11 to Sept 16 1941  
that I last saw him alive on Sept 15 1941  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	75	6	12	hr. min.

Immediate cause of death. Carcinoma of Rectum

Duration 6 mo

9. Birthplace. Mt. Vernon Ohio

Due to 4/15

Due to

10. Usual occupation. At Home

Other conditions. No

(Include pregnancy within 3 months of death)

11. Industry or business. ---

MOTHER FATHER

12. Name. William Chapen

13. Birthplace. Monmouth Illinois

14. Maiden name. Mariah Hyatt

15. Birthplace. Unknown Ohio

PHYSICIAN

Major findings:  
Of operations. 46 d

Of autopsy. No

Underline the cause to which death should be charged statistically.

16. (a) Informant. Mrs. George S. Coleman

(b) Address. 3511 Gladstone Blvd.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) Burial (b) Date thereof. Sept. 17, 1941

(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?

(c) Place: burial of cremation. Mt. Moriah Cemetery

18. (a) Signature of funeral director. J. H. Newcomb

(b) Address. 1401 Brush Creek Blvd.

(Specify type of place) While at work (c) Means of injury. O

23. Signature. Chas Nelson

19. (a) Date received local registrar. Sept 17-1941 (b) Registrar's signature. M. M. Lewis

Address. 3626 Andy Ave Date signed

Mr. Chas. H. ...  
3626 ...  
1-2

**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 \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_  
Signed C. Hervey Quisenberry  
Licensed Embalmer No. 4070  
P. O. Address A. C. Mo.

**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, fact should be so stated above.**