

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3834

State File No. _____

Registration District No. 833

Primary Registration District No. 6074

Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County SHANNON
(b) City or town Winnona
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shannon
(c) City or town Winnona
(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 FRANK DENNING
3. (b) If veteran. name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 20
year 1941 hour 6 minute 20 A.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.

4. Sex MA 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUG 7 1887
(Month) (Day) (Year)

Immediate cause of death Septicemia
Injury: falling with moving machinery -
Due to fractured skull and
internal injuries. Shock
Due to _____

8. AGE: Years 54 Months 4 Days 13 If less than one day _____ hr. _____ min.
9. Birthplace Carter Co. OMO
(City, town, or county) (State or foreign country)
10. Usual occupation LABORER

Other conditions (Include pregnancy within 3 months of death) 1962
Major findings: Of operations _____
Of autopsy _____

MOTHER, FATHER
11. Industry or business _____
12. Name Perry Denning
13. Birthplace OHIO
(City, town, or county) (State or foreign country)
14. Maiden name MARY CATHERINE NORTH
15. Birthplace Carter Co. OMO
(City, town, or county) (State or foreign country)
16. (a) Informant PATRICK FRAZIER
(b) Address WINONA MO
17. (a) BURIAL (b) Date thereof 12-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MOUNT ZION CEMETERY
18. (a) Signature of funeral director Paul Gerschel
(b) Address Van Buren Mo
19. (a) 12-22-41 (b) Frank Hyde MD
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 12-20-41
(c) Where did injury occur? Winnona MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? no (Specify type of place) Barber Shop
(e) Means of injury fell on to light plant
23. Signature Frank Hyde (M. D. or other) _____
Address Winnona Mo Date signed 12-22-41

RECEIVED

District Health Officer No. 5,

District File Number: 14725

Date Filed _____

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, ~~on~~ by 12-20-41

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Philip A. Lenczel
Licensed Embalmer No. 2936
P. O. Address Van Buren St

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.