

FILED MAY 21 1942

Registration District No. 539

Primary Registration District No. 4320

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Marquand

(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

(c) City or town Marquand (If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WALTER M DENMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10 year 1942 hour 12 minute P M.

21. I hereby certify that I attended the deceased from on April 6th 1942 to _____ 1942 ; that I last saw him alive on April 6, 1942 1942 ; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife EMMA DENMAN 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 11-24-1869 (Month) (Day) (Year)

Immediate cause of death Diabetes Mellitus and Gangrene of lower extremities Duration 12 yr

8. AGE: Years 72 Months 4 Days 16 If less than one day _____ hr. _____ min.

Due to _____

Due to 6

9. Birthplace Bollinger County, Mo (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation FARMER

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name WALTER M DENMAN

13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

14. Maiden name SARAH-KING

15. Birthplace Bollinger Co Mo (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Emma Denman

(b) Address Marquand Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-12-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Ed Bowman

(b) Address Marquand Mo

19. (a) April 12 1942 (Date received local registrar) (b) S/C S. C. Slaughter (Registrar's name) address Marquand Mo Date signed 4/12/42

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W W Deering MD (M. D. or other) _____

address Marquand Mo Date signed 4/12/42

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

MOTHER FATHER

200

6000

781

RECEIVED
District Health Officer No: 14
District File Number 542-638
Date Filed 3-15-42

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 with the above constitutes grounds for revocation of license.)

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