

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH CERTIFICATION

FILED MAY 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 744

Primary Registration District No. 2976B 3035

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 242 Hours
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Richmond Mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(c) City or town Richmond Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Tenn.

3. (a) PRINT FULL NAME William S. Denton

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Florence Denton 6. (c) Age of husband or wife if alive Died years
7. Birth date of deceased Jan. 29 th. 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Denton
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Lucy Frazier
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant John H. Steva

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof 4-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Todd Chappel

18. (a) Signature of funeral director J. B. Sellers

(b) Address Richmond Mo.

19. (a) April 3, 1942 (b) Thos. Charles Sheppard
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 22
year 1942 hour 10:30 minute 10 M.

21. I hereby certify that I attended the deceased from Apr 20
1942 to Apr 22, 1942
that I last saw him alive on Apr 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death otor pneumonia
severly

Due to _____
Due to _____

Other conditions 48
(Include pregnancy within 3 months of death)

Major findings: 100
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? _____

While at work? _____ (Specify type of place) (e) Means of injury Auto

23. Signature W. H. Smith (M. D. or other) _____
Address Richmond Mo. Date signed Apr 22 1942

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

69
/

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-13-42

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.....

J.B. Brothers Funeral Home

....., Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home .

Signed.....

Licensed Embalmer No. **2001.**

P. O. Address **Richmond 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.