

FILED MAY 21 1942

Registration District No. 33

Primary Registration District No. 6024B

Registrar's No. 3

1. PLACE OF DEATH:

(a) County St Francois

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

(c) Name of hospital or institution: Banister Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community about 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County 93

(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL.") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cassie B. Denton

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Denton 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov 6 1968  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 4 7 hr. min.

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

10. Usual occupation Care of home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Johnson

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

14. Maiden name Rose Ann Ellis

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant John Denton  
(b) Address Franklin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Franklin Mo

18. (a) Signature of funeral director George M. B...  
(b) Address Franklin Mo

19. (a) 4-14-42 (Date received local registrar) (b) Burdie S. Buhmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1942 hour 2 minute AM

21. I hereby certify that I attended the deceased from October 1937 to April 13 1942  
that I last saw him alive on April 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic Cardiovascular disease

Due to arteriosclerotic disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration not known

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 \_\_\_\_\_

23. Signature John W. Hunt (M. D. or other) MD  
Address Redwood Mo Date signed 4/14/42

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

4400

1196

RECEIVED

District Health Officer No. 4  
District File Number 542-560  
Date Filed 5-12-42

**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 E. Z. Boyer,  
Licensed Embalmer No. 1617  
P. O. Address Desloge 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.**