

U. S. No. 2  
DM-9-4-41  
Rev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21541

State File No. ....

FILED JUL 15 1942  
Registration District No. 427

Primary Registration District No. 5583

Registrar's No. 33

51  
AUG 3 1942  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Johnson  
 (a) County Rural, (Kingsville Twp)  
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: not hospitalized /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. XX (Specify whether)  
 In this community 72 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Johnson 51  
 (c) City or town Rural, (Kingsville Twp) 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. none (If rural, give location)  
 (e) Citizen of foreign country? XXXX no 0 (Yes or No)  
 If yes, name country XXXX

3. (a) PRINT FULL NAME Martha Elizabeth Denney  
 3. (b) If veteran, no  
 name war  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 23  
 year 1942 hour 12:50 minute PM M.  
 21. I hereby certify that I attended the deceased from March 8 42  
 to April 26 42 19.  
 that I last saw her alive on April 26 42  
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color of race cauc  
 6. (a) Single, widowed, married divorced married  
 6. (b) Name of husband or wife John W. Denney  
 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased May 5 1863  
 (Month) (Day) (Year)

Immediate cause of death  
 Primary Carcinoma of the  
 Illium (small intestine)  
 Duration 1 yr.  
 Due to X X X  
 Due to X X X X 46 e  
 Other conditions X X X X  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
 79 1 18 hr. min.

9. Birthplace East Tennessee / Tennessee  
 (City, town, or county) (State or foreign country)

10. Usual occupation at home (Housewife)

11. Industry or business at home

MOTHER FATHER  
 12. Name Samuel G. Ball  
 13. Birthplace Unknown unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Rachel Clover  
 15. Birthplace Unknown Unknown 9  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings: no operation  
 Of operations  
 Of autopsy refused  
 Underline the cause to which death should be charged statistically.

16. (a) Informant John W. Denney  
 (b) Address Rural Route, Kingsville, Mo.  
 17. (a) burial (b) Date thereof June 27, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) X X X  
 (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 [Signature] (M. D. or other)  
 Address Holden, Mo Date signed 7-31-42

(c) Place: burial or cremation Lundy Cemetery,  
 18. (a) Signature of funeral director Canaday & Ropp  
 (b) Address Holden, Missouri.  
 19. (a) [Signature] (b) Mr. Frank Morris  
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-13-42

OCT 19 1941

JUL 22 1942

SEP 10 1941

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 M. J. Canaday

Licensed Embalmer No. 343/4

P. O. Address Halden, 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.