

Registration District No. **360**

Primary Registration District No. **6225**

Registrar's No. **102**

1. PLACE OF DEATH

(a) County **Monroe**
(b) City or town **Brunel - Washington**
(c) Name of hospital or institution: **State Hosp. # 32**
(d) Length of stay: In hospital or institution **4 months 10 days**
In this community **Same**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jasper Co**
(c) City or town **Jasper Mo**
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **Thomas J. Denny**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **DK** 6. (c) Age of husband or wife if alive **DK** years **18.57**
7. Birth date of deceased (Month) **DK** (Day) **DK** (Year) **1857**

8. AGE: Years **85** Months **DK** Days **DK** If less than one day hr. _____ min. _____

9. Birthplace **Jasper Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **DK**
13. Birthplace **DK** 9
(City, town, or county) (State or foreign country)
14. Maiden name **DK**
15. Birthplace **DK** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Stoop Reed**
(b) Address **Neosho Mo**

17. (a) **Burial** (b) Date thereof **Oct. 1 - 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moore cemetery**

18. (a) Signature of funeral director **Fine Funeral Home**
(b) Address **Neosho Mo**

19. (a) **Sept 30, 1942** (b) **Elizabeth Beckenridge**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **26**
year **1942** hour **10** minute **208** M.

21. I hereby certify that I attended the deceased from **May 16** 19 **42** to **Sept. 26** 19 **42**
that I last saw him alive on **Sept. 26** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pul. Lobes Pneumonia**

Due to **Cholera Myocarditis**

Due to **Senility**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____
(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 **Thos. J. Denny** (M. D. or other) _____
Address **Neosho Mo** Date signed **9/26/42**

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

108
0
0

108
0

108

1231

RECEIVED

District Health Officer No. 71

District File Number 10-42-1069

Date Filed 10-6-42

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. ~~1760~~
working under my personal supervision.

Signed

L B Jones

Licensed Embalmer No. 1760

P. O. Address Nevada 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.