S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 36574

FILED DEC 7 1942

Registration District No. 3

Primary Registration District No. 3003

Registrar's No. 74

5
2
1

**1. PLACE OF DEATH:**

(a) County Barry

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

(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 33 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barry 5 2

(c) City or town Monett 1
(If outside city or town limits, write "RURAL")

(d) Street No. 601 Lincoln ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRED DENNO

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lillian Birois Denno

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased February (Month) 25 (Day) 1869 (Year)

8. AGE: Years 73 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Oswego (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Mitchael Denno
13. Birthplace not known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Matilda La Brick
15. Birthplace not known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Fred Denno
(b) Address 601 Lincoln Ave. Monett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Monett Mo.

18. (a) Signature of funeral director Callaway
(b) Address Monett Mo.

19. (a) 11-7-1942 (Date received local registrar) (b) Mrs Geo Hartman Jr (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 4 year 1942 hour 10 minute ? a M.

21. I hereby certify that I attended the deceased from 1905, 19..., to 1942, 19...; that I last saw him alive on ..., 1942 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrage | Instant |
| Due to Arteriosclerosis | Several years |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations None
Of autopsy None

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

23. Signature [illegible] (M. D. ~~or other~~)
Address Monett Mo Date signed 11-6-42

1330 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242-1656
Date Filed DEC 4 1942

JUL 17 1945

**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. R. Buchanan; Registered Apprentice No. ....., working under my personal supervision.

Signed J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.**