

No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22000**

FILED JUN 17 1943
Registration District No. **278**

Primary Registration District No. **5788**

Registrar's No. **31**

1. PLACE OF DEATH

(a) County **Mississippi**

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

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

(d) Length of stay: In hospital or institution **10 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi** **67**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **4 miles south of E. Prairie**
(If rural, give location)

(e) Citizen of foreign country? **No**
(Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **JOEL ISARC DENTON**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mouth **May** day **12**
year **1943** hour **8** minute **2** M.

21. I hereby certify that I attended the deceased from **April 1**
1943 to **May 12**, **1943**
that I last saw him alive on **May 12**, **1943**
and that death occurred on the date and hour stated above.

4. Sex **M**

5. Color or race **W**

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

(b) Name of husband or wife **Rosa Etha Denton**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **April 21** **1860**
(Month) (Day) (Year)

Immediate cause of death **Chronic Nephritis Bronchopneumonia**

Due to **14 years**

Other conditions **13 1/2**
(Include pregnancy within 3 months of death)

8. AGE: Years **83** Months **27** Days **27** hr. **27** min.

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

Major findings: Of operations **13 1/2**

Of autopsy **13 1/2**

PHYSICIAN **13 1/2**

Underline the cause to which death should be charged statistically.

10. Usual occupation **Saw Milling**

11. Industry or business **Indiana**

MOTHER FATHER { 12. Name **Benjamin Denton**

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

14. Maiden name **Unknown**

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

16. (a) Informant **J. J. Denton**

(b) Address **Anniston Mo**

17. (a) **Rural** (b) Date thereof **5/13/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **J. O. F. Shelly**

18. (a) Signature of general director **James Shelly**

(b) Address **East Prairie**

19. (a) **6-14-43** (b) **Jessie E. Burman**
(Date received local Registrar) (Registrar's signature)

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) Means of injury

23. Signature **J. J. Martin** (M. D. or other) _____

Address **East Prairie Mo** Date signed **6-9-43**

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

RECEIVED

District Health Office No. 2,

District File Number 643-836

Date Filed 6-15-13

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Orange

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.