

S. No. 2  
M-5-42  
5-17-39  
PI 322

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31203**

**FILED SEP 24 1943**

Registration District No. **12**

Primary Registration District No. **1000**

Registrar's No. **1005**

**1. PLACE OF DEATH:**

(a) County **Buchanan**

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

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

(d) Length of stay: In hospital or institution **3 da.**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **DeKalb**

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

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

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

**3. (a) PRINT FULL NAME** **Joyce Lorraine Denny**

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **SEPT.** day **15**  
year **1943** hour **8** minute **47 A.M.**

**21. I hereby certify that I attended the deceased from** **SEPT. 12**  
**1943** to **SEPT. 15** **1943**  
that I last saw him alive on **SEPT 15** **1943**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **APRIL 30 1927**  
(Month) (Day) (Year)

Immediate cause of death  
**SUBACUTE ENDOCARDITIS BACTERIAL**

Due to **UNSPECIFIED**

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<b>16</b>	<b>4</b>	<b>15</b>	hr. _____ min. _____

Major findings:  
Of operations **NONE**

Of autopsy **NO**

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **At Home**

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

**MOTHER FATHER** { 12. Name **Leonard W. Denny**

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

14. Maiden name **Lucile Porr.**

15. Birthplace **DeKalb Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Lucile Denny**

(b) Address **Amity Mo R.F.D**

17. (a) **Removal** (b) Date thereof **9 17-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Amity Mo**

18. (a) Signature of funeral director **Pilcher Funeral Home**

(b) Address **Maysville Mo**

19. (a) **9/15/43** (b) **Rose Kergog**  
(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 **[Signature]** (M. D. or other) **D.O**  
Address **873 Fran St Joseph Mo** Date signed **9-15-43**

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

1233

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>Will be</sup> ~~was~~ embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*C. T. Filcher*  
C. T. Filcher

Licensed Embalmer No..... 3960

P. O. Address... Maysville 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.**