

FILED JAN 19 1944
Registered District No. 1933

Primary Registration District No. 5490

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town New Hampton Rural, Dallas Co
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Two mile North of New Hampton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 38 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 41

(a) State Missouri (b) County Harrison

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

(d) Street No. Two mile North of New Hampton
(If rural, give location)

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

3. (a) PRINT FULL NAME LILLIAN BLANCH DENNY

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 21, 1943, to _____, 19____;
that I last saw her alive on Dec 31, 1943
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Alford W Denny 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 3 1879
(Month) (Day) (Year)

Immediate cause of death:
Chronic Myocarditis
Influenza

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

64 4 28 _____ hr. _____ min.

9. Birthplace Galesburg Ill
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 93d

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Adolph Anderson

13. Birthplace Sweeden 4
(City, town, or county) (State or foreign country)

14. Maiden name Jela Johnson

15. Birthplace Sweeden 4
(City, town, or county) (State or foreign country)

16. (a) Informant W A Denny
(b) Address New Hampton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Easter Cemetery

18. (a) Signature of funeral director W H Noble
(b) Address New Hampton

19. (a) 12/31/43 (Date received local registrar) (b) Zola M. Burris (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) (e) Means of injury _____

23. Signature D. P. L. Green (M. D. or other) DO.
Address New Hampton Date signed 12-31-43

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

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed W H Noble

Licensed Embalmer No. 2908

P. O. Address New Hampton 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.