

Registration District No. 251

Primary Registration District No. 2048

Registrar's No. 191

1. PLACE OF DEATH:

(a) County Madawson

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

(c) Name of hospital or institution St. Francis Hosp. O.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
years, months or days)

8. (a) PRINT FULL NAME Easter Rebecca Denham

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife Ben Denham

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan 20, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>10</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name James Murphy

13. Birthplace Chillicothe Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Suzanne Burgher

15. Birthplace Chillicothe Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Denham

(b) Address Grant City, Mo.

17. (a) Rural (b) Date thereof 12-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director Hugh C. Duvall

(b) Address Grant City, Mo.

19. (a) Dec. 8-43 (b) Adley Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North ¹¹³ ₀

(c) City or town Rural ₀
(If outside city or town limits, write "RURAL")

(d) Street No. Grant City
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1943 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Nov 25, 1943, to Nov 29, 1943
that I last saw her alive on Nov. 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis with right sided stroke

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

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? _____ (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 A. M. Hulis (M. D. or other) MO.
Address Marionville, Mo. Date signed 12-3-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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
....., Registered Apprentice No.
working under my personal supervision.

Signed Arch C. Dumble
Licensed Embalmer No. 3252
P. O. Address Grant city, 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, above space should be left blank.