

Registration District 259344

Primary Registration District No. 5219

Registrar's No. 43

1. PLACE OF DEATH: Cass

(a) County Cass

(b) City or town Camp Branch Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 1 yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED: 19

(a) State Mo (b) County Cass

(c) City or town Camp Branch Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES WALLACE DENTON

(b) If veteran, name war. ✓

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1944 hour _____ minute _____ M.

4. Sex Male

5. Color White race

6. (g) Single, married, divorced, Married

6. (b) Name of husband or wife Bessie Denton

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Dec 30 1897
(Month) (Day) (Year)

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

8. AGE: Years 46 Months 3 Days 25 If less than one day _____ hr _____ min.

9. Birthplace Canton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Immediate cause of death was by hanging

Due to suicide

MOTHER FATHER {

11. Industry or business _____

12. Name J. L. Denton

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

14. Maiden name Sarah

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

Due to _____

Other conditions 16 lb
(include pregnancy within 3 months of death)

16. (a) Informant Mrs Bessie Denton

(b) Address Latom Mo.

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof Mar 16 1944
(Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Hill

18. (a) Signature of funeral director HARRISONVILLE, MO.

(b) Address _____

19. (a) March 16, 1944 (Date received local registrar)

(b) Margaret Talle (Registrar's signature)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence March 14, 1944

(c) Where did injury occur? in barn
(City or town) (County) (State)

(d) Did it occur, in or about home, on farm, in industrial place, in public place?
in barn

(e) Means of injury hanging
(Specify type of place)

While at work? _____

23. Signature W. F. Wolfe (M. D. or other)

Address Harrisonville Mo Date signed 3/16/44

Physician

Underline the cause to which death should be charged statistically.

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

19
00

APR 20 1948

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.....

Ernest Remmenburg

Licensed Embalmer No.

3368

P. O. Address.....

Harrisonville 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.