

FILED JUN 7 1944  
Registration District No. 230

Primary Registration District No. 5810

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

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Rural, Southern part of County  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. Southern part of County  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 51 1/2 years.

3. (a) PRINT FULL NAME ADAM G. DENNER

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alcida Kalkof 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Feb. 27th 1871  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 6 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Heppenheim, Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Nicholas Denner  
13. Birthplace Heppenheim, Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Rohine  
15. Birthplace Kirschhausen, Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Bruekerhoff  
(b) Address Rhineland, Mo.

17. (a) Burial (b) Date thereof 5-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Martin's Cemetery

18. (a) Signature of funeral director Rottmeyer & Co.  
(b) Address Rhineland, Mo.

19. (a) May 6, 1944 (b) Mrs. Frank Overkamp  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1944 hour 3 minute - P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1942, to May 3, 1944  
that I last saw him alive on May 2, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial nephritis Duration 2 yrs

Due to Supernatious of age

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

Other conditions (Include pregnancy within 8 months of death) 12/10

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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. Raus (M. D. or other) \_\_\_\_\_  
Address Rhineland, Mo. Date signed 5-3-44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-6-44

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.....

D. B. Baker, m......, Registered Apprentice No.....

working under my personal supervision.

Signed H. B. Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.