

FILED JUL 20 1944

State File No.

Registration District No. 242

Primary Registration District No. 4506

Registrar's No.

1. PLACE OF DEATH:

(a) County **Stoddard**  
(b) City or town **Essex**  
(If outside city or town limits, write "RURAL" and name of township)  
(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.  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard**  
(c) City or town **Essex**  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

**Azias Denton**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (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 **sarah Denton** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 27, 1879**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **11** Days **21** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Wayne City Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith**

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

MOTHER FATHER

12. Name **John Denton** 13. Birthplace **Illinois**  
14. Maiden name **Lina Jane Miller** 15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country) (State or foreign country)

16. (a) Informant **Sarah Denton** (b) Address **Essex Mo.**

17. (a) **Burial** (b) Date thereof **6/23/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Essex Cemetery**

18. (a) Signature of funeral director **Watkins Funeral Service**

(b) Address **Dexter Mo**

19. (a) **He - 28-46** (b) **Non denton**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**  
year **1944** hour **9** minute **30** M.

21. I hereby certify that I attended the deceased from **June 1 - 1944** to **June 19 - 1944**  
that I last saw him alive on **June 19 - 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Stroke**  
**Legum g. action**

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 **J. P. Brandon** (M. D. \_\_\_\_\_)  
Address **Essex Mo** Date signed **6-23-44**

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

RECEIVED

District Health Office No. 2,

District File Number 744-955

Date Filed 7-7-44

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 \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Lynn Steele

Licensed Embalmer No. 8476

P. O. Address Dexter, 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.