

S. No. 2  
F. 8-43  
5-17  
X37823

FILED AUG 23 1944  
Registration District No. **137**

Primary Registration District No. **3023**

42  
1  
2

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

1. PLACE OF DEATH: **1**

(a) County **Henry**

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

(c) Name of hospital or institution: **Raino Nursing Home**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 weeks** (Specify whether)

In this community **20 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED: **72**

(a) State **Missouri** (b) County **Henry**

(c) City or town **Clinton** (If outside city or town limits, write "RURAL") **2**

(d) Street No. **Sixth Street** (If rural, give location)

(e) Citizen of foreign country? (Yes or No) **1**  
If yes, name country

3. (a) PRINT FULL NAME **OLIVER GORDEN DENNEY**

3. (b) If veteran, name war **First World War**

3. (c) Social Security No. **—**

4. Sex **Male** 5. Color or race **white**

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

6. (b) Name of husband or wife **—**

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

7. Birth date of deceased **12 4 1881**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **7** Days **28** If less than one day hr. min.

9. Birthplace **St. Clair Co. Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Cement Worker**

11. Industry or business **—**

MOTHER FATHER { 12. Name **Nathan Denney**

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

14. Maiden name **Samantha Spillman**

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

16. (a) Informant **Mrs. Lizzy Denney**

(b) Address **Louvy City Mo**

17. (a) **Burial** (b) Date thereof **8-4-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brownington Mo**

18. (a) Signature of funeral director **Fred Williamson**

(b) Address **Clinton Mo**

19. (a) **August 4, 1944** (b) **Georgia Kitchen**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** - day **2**  
year **1944** hour **7:00** minute **P** M.

21. I hereby certify that I attended the deceased from **7-11** 19**44** to **7-31** 19**44**  
that I last saw him alive on **7-31** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of liver** ?

Duration **?**

Due to **—**

Due to **—**

Other conditions (Include pregnancy within 3 months of death) **46 f**

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? **—**

(Specify type of place) While at work? **—** (e) Means of injury **—**

23. Signature **J. D. Powell** (M. D. or other) **—**

Address **Clinton Mo** Date signed **8-4-44**

AUG 23 1944

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 *Fred Welkussen*

Licensed Embalmer No. *2478*

P. O. Address *Clinton 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.