

FILED MAR 22 1945

Primary Registration District No. 4358

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Lilbourn (Lewis Township)
(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 of location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town "Rural"
(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 Shirley Fay Denton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 24 1944
(Month) (Day) (Year)

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

9. Birthplace Lilbourn Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Raymond Denton

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

14. Maiden name Ruth Hilderman

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

16. (a) Informant Raymond Denton

(b) Address Lilbourn, Missouri

17. (a) Burial (b) Date thereof March 22, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Essex, Missouri

18. (a) Signature of funeral director Pondit Funeral Home

(b) Address Lilbourn, Missouri

19. (a) 3/20/45 (b) J. H. Hollerman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 45 hour 8 am minute 0 M.

21. I hereby certify that I attended the deceased from 19 to 19
Dec 1944 before Ruth did not
that I last saw him _____ alive on _____ 19_____
and that death occurred on the date and hour stated above.

Immediate cause of death From history of acute myocardial heart disease
Duration _____

Due to _____
Due to 157e

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

(c) 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 E. Jones (M. D. or other) _____

Address Lilbourn, Mo Date signed 3-19-45

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 23 1945

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.....

Domest Ponder

Licensed Embalmer No.....

3367

P. O. Address.....

Tilbourn, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 240Primary Registration District No. 4358

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Lilbourn
(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 _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days3. (a) PRINT FULL NAME Shirley Fay Denton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 24, 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Raymond Franklin Denton13. Birthplace Exeter Mo
(City, town, or county) (State or foreign country)14. Maiden name Ruth Irene Nelderman15. Birthplace Bernie Mo.
(City, town, or county) (State or foreign country)16. (a) Informant From birth cert. —

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-30-45 (b) Mrs. J. L. Parrett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County N. Madrid
(c) City or town Lilbourn
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 19 Year 1945
hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

10262