

FILED MAY 14 1945  
970

Primary Registration District No. 4124

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Clark  
(b) City or town Kahoka  
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark  
(c) City or town Kahoka 23  
(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 Virginia Kate Denny  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1945 hour 4:45 minute A M.  
21. I hereby certify that I attended the deceased from 1945 19 11-29-45 to 11-29-45 19 11-29-45  
that I last saw him alive on Apr 28 and that death occurred on the date and hour stated above.

4. Sex F.M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Samuel J. Denny 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 4 1861  
(Month) (Day) (Year)

Immediate cause of death Senility  
Duration \_\_\_\_\_

8. AGE: Years 81 Months 3 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Clark Co. Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
12. Name James H. McWilliams  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Kate Thompson  
15. Birthplace Clark Co. Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Raymond Denny  
(b) Address Kahoka Mo  
17. (a) Burial (b) Date thereof 5-1-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Labelle Mo.  
18. (a) Signature of funeral director Fred Pharis  
(b) Address Kahoka Mo  
19. (a) 4-30-45 (b) Perry S. Barton  
(Date received local registrar) (Registrar's signature)

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. Bridger (M. D. or other) \_\_\_\_\_  
Address Kahoka Mo Date signed \_\_\_\_\_

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

28  
1  
0

1273

RECEIVED

District Health Officer No. 10

District File Number *5-45-761*

Date Filed *MAY 10 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 *Fred J Karle*

Licensed Embalmer No. *1023*

P. O. Address *Kahoka 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.**