No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED NOV 2 1945

State File No. 34390

Registration District No. 080 Primary Registration District No. 6-966 Registrar's No. 16

1. PLACE OF DEATH:
(a) County PLATTE
(b) City or town EDGERTON, MO. R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME
(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)
In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County PLATTE
(c) City or town EDGERTON, R.F.D.
(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 MODE ELIZABETH DENNEY

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JAMES R. DENNEY

6. (c) Age of husband or wife if DECEASED years

7. Birth date of deceased FEB. (Month) 14 (Day) 1861 (Year)

8. AGE: Years 84 Months 7 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace PLATTE COUNTY (City, town, or county) MO. (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business .....

FATHER
12. Name NICHOLAS CLAY PORTER
13. Birthplace ..... (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name MALISSA ANN LIGGETT
15. Birthplace ..... (City, town, or county) MO. (State or foreign country)

16. (a) Informant MRS. NEVA TAGGART
(b) Address SMITHVILLE, MO.

17. (a) BURIAL (Burial, cremation, removal) (b) Date thereof 10/14/'45 (Month) (Day) (Year)
(c) Place: burial or cremation RIDGELEY CEMETERY PLATTE COUNTY, MO.

18. (a) Signature of funeral director McComs Funeral Home
(b) Address Smithville Mo.

19. (a) 10-17-45 (Date received local registrar) (b) Mrs. Aplia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 12 year 1945 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 12 - 1945, to ....., 19..., that I last saw her alive on Oct. 12 - 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of old age. — Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings:
Of operations .....
Of autopsy No

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 John A. Robinson, (M. D. or other)
Address Edgerton, Missouri Date signed 10-17-45.

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(Licensed Embalmer's Statement on Reverse Side)

## 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 S. A. McCowan,

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.**