

FILED MAR 13 1946

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 13

4000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town SMITHVILLE, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
SMITHVILLE COMMUNITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY & PLATE 24

(c) City or town SMITHVILLE, MO. R.F.D. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

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

3. (a) PRINT FULL NAME MARGARET MAY DENNEY

MEDICAL CERTIFICATION

3. (b) If veteran, name war

3. (c) Social Security No.

20. DATE OF DEATH: Month FEB. day 2nd. year 1946 hour 9:30 minute 8. M.

4. Sex FEMALE

5. Color or race WHITE

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

21. I hereby certify that I attended the deceased from 27 1946 to Feb 2 1946
that I last saw her alive on Feb 2 1946 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife CLELL DENNEY

6. (c) Age of husband or wife if alive 61 years

Immediate cause of death

7. Birth date of deceased: OCT. 17, 1889
(Month) (Day) (Year)

Pulmonary Embolism

8. AGE:	Years	Months	Days	If less than one day
	56	3	15	hr. min.

Due to Injection hemorrhoids done elsewhere

9. Birthplace: SMITHVILLE MO.
(City, town, or county) (State or foreign country)

Due to Tuberculosis

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

10. Usual occupation: HOUSEWIFE

Major findings: None here

11. Industry or business: FARM

Of operations

Of autopsy 700 100

12. Name: JERRY DUNCAN

13. Birthplace: MO.

14. Maiden name: MARY KATHERINE MCCracken

15. Birthplace: MO.

16. (a) Informant: CLELL DENNEY

(b) Address: SMITHVILLE, MO. R.F.D.

17. (a) BURIAL (b) Date thereof 2/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: RIDGELEY CEMETERY PLATTE CO. MO.

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

18. (a) Signature of funeral director: Helmus Funeral Home
(b) Address: Smithville, Mo.

19. (a) Feb 4th 1946 (b) Beulah Kitchan
(Date received local registrar) (Registrar's signature)

(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: [Signature] (M. D. or other)
Address: Smithville Date signed 2-6-46

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-12-46

AUG 12 1946

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. McComas

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.