

FILED FEB 28 1946 STANDARD CERTIFICATE OF DEATH

6783

State File No.

Registration District No. 292

Primary Registration District No. 4435

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls,
(b) City or town Perry, Missouri,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME James S. Tenney.

3. (b) If veteran, name war: None. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife: None. 6. (c) Age of husband or wife if alive: None. years
7. Birth date of deceased: July, 27, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 5 19 hr. min.

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

10. Usual occupation Conductor.

11. Industry or business Surface Lines.

12. Name Frank Tenney.
13. Birthplace Unknown Conn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Clinton
15. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Louis J. J. J.
(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof Jan. 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lickcreek Cemetery, Perry, Mo.

18. (a) Signature of funeral director Clyde A. Wiley
(b) Address Perry, Missouri.

19. (a) 1/29/46 (b) Clyde A. Wiley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls,
(c) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26th.
year 1946 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from 1/26/46 to 1/26/46
that I last saw him alive on 1/26/46
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the esophagus
Duration 9

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 946
Of autopsy 946

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 1

23. Signature Clyde A. Wiley (M. D. or other)
Address Perry, Mo. Date signed 1/29/46

AUG 19 1948

RECEIVED

District Health Officer No. 10

District File Number 2-46-288

Date Filed FEB 25 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

Clyde W. Wemy

Licensed Embalmer No.

3820

P. O. Address

Perry, Ind.

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.