

FILED MAY 14 1946

Registration District No. 374

Primary Registration District No. 6272

1. PLACE OF DEATH:

(a) County North  
(b) City or town Rural, Allen 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 or location)  
(d) Length of stay: In hospital or institution 5 yrs.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ADDIE BELLE DENHAM

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. Widowed  
6. (b) Name of husband or wife. Edward Denham 6. (c) Age of husband or wife if alive. 7 years  
7. Birth date of deceased Oct 7 1877  
(Month) (Day) (Year)

8. AGE: 68 Years 5 Months 9 Days If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name L. M. Mc. Clanahan

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

14. Maiden name Edna P. Off

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

16. (a) Informant. Florence Youngblood

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof 4-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Everett Cemetery

18. (a) Signature of funeral director. Frank C. Duffler

(b) Address Grant City, Mo.

19. (a) April 19-46 (b) L. E. Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Grant City  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mo. Co. 1946 to 4-15-1946  
that I last saw her alive on 4-15-1946  
and that death occurred on the date and hour stated above.

Immediate cause of death. Metabolic degeneration of heart  
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. 922

Of autopsy No

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) V  
(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 Grant City, Mo. Date signed 4/17/46

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

*Arch C. Dumble*

Licensed Embalmer No.....

*3252*

P. O. Address.....

*Grant City, 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.