

**FILED JUN 10 1946**

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 568

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 6304 Morris  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years  
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 6304 Morris  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jacob M. Denton

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
year 1946 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-15 1946 to 5-15 1946  
that I last saw him alive on 5-15- 1946  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife none (Louisa)

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

7. Birth date of deceased September 3, 1878  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration 17 hr

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

Due to unknown

Due to \_\_\_\_\_

9. Birthplace Denton, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

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

11. Industry or business none

12. Name Michael Denton

13. Birthplace Denton, Kansas  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Major findings: Of operations

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

14. Maiden name Martha Wilson

15. Birthplace Denton, Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Verna Denton (Daughter)

(b) Address 6304 Morris St., City

17. (a) REMOVAL (b) Date thereof 5/18/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DENTON, KANS

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? \_\_\_\_\_

18. (a) Signature of funeral director John E. Sapp

(b) Address 6054 Pryor Ave., City

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

19. (a) May 12, 1946 (b) J. H. Meath  
(Date of local registrar) (Registrar's signature)

23. Signature J. H. Meath (M. D. or other) \_\_\_\_\_  
Address St. Joseph, Mo. Date signed 5/15/46

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**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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.**