

No. 2  
4-2-43  
5-17-39  
X35627

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

17863

FILED JUN 11 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 163

1. PLACE OF DEATH:  
 (a) County St. Francois  
 (b) City or town Farmington RURAL St. Francois  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Missouri State Hospital No. 42  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 yrs, 7 mos, 6 das.  
 (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Madison 94  
 (c) City or town Marquand  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Unknown  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM DENMAN  
 (b) If veteran, name war Unknown  
 (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 12  
 year 1946 hour 4 minute 07 P. M.

4. Sex Male 5. Color or race W.  
 6. (a) Single, widowed, married, divorced Widowed  
 (b) Name of husband or wife Elizabeth Hogard - 2nd  
 (c) Age of husband or wife if alive Unknown years  
 7. Birth date of deceased February 9, 1868  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 6, 1941, 19\_\_\_\_, to May 12, 1946, 19\_\_\_\_;  
 that I last saw him alive on May 12, 1946, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>3</u>	_____ hr. _____ min.

Immediate cause of death  
Arteriosclerosis - generalized - marked Hypo  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Marquand, Missouri  
 (City, town, or county; State or foreign country)  
 10. Usual occupation Farming

Major findings: Of operations AM  
 Of autopsy No autopsy  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Jabes Harris Denman  
 13. Birthplace Sangamon County, Illinois  
 (City, town, or county; State or foreign country)  
 14. Maiden name Sarah Jane King  
 15. Birthplace Unknown  
 (City, town, or county; State or foreign country)

16. (a) Informant Records State Hospital No. 4  
 (b) Address Farmington, Missouri  
 17. (a) Burial (b) Date thereof 5-14-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Marquand, Mo  
 18. (a) Signature of funeral director G. W. Cozart  
 (b) Address Farmington, Mo  
 19. (a) 5-15-46 (b) E. C. Ruddleoff  
 (Date received from registrar) (Registrar's signature)

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 James H. ... (M. D. or other) \_\_\_\_\_  
 Address Farmington Mo Date signed 5/13/46

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

4  
0

289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 646-224  
Date Filed 6-10-46

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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..... *C. H. Cozear*

Licensed Embalmer No. 4084

P. O. Address, Farmington, 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.