

FILED OCT 24 1946 STANDARD CERTIFICATE OF DEATH

34381
State File No. _____
Registrar's No. 136

Registration District No. 275

Primary Registration District No. 5942

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

1. PLACE OF DEATH:
 (a) County Phelps
 (b) City or town Rolla..Rural
(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 _____
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Phelps 81
 (c) City or town Newburg
(If outside city or town limits, write "RURAL")
 (d) Street No. Route 3
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Robert S. Denton,
 3. (b) If veteran, name war X
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 14
 year 1946 hour ? minute ? A M.

4. Sex Male 5. Color or race Wh.
 6. (a) Single, widowed, married, divorced S. O
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 29, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him dead Oct. 14 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Cardiac failure

8. AGE: Years 66 Months 2 Days 15
 If less than one day _____ hr. _____ min.

Due to Hypertension
 Due to _____

9. Birthplace Phelps County, Missouri 0
(City, town, or county) (State or foreign country)

Other conditions _____
(Includes pregnancy within 3 months of death)

10. Usual occupation Blacksmith

Major findings:
 Of operations _____ 10
 Of autopsy _____

11. Industry or business _____

MOTHER FATHER
 12. Name James S. Denton,
 13. Birthplace Mo., 0
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Rinck
 15. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. James Denton,
 (b) Address 659 Salem Ave..Rolla Mo.,

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 10-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rolla Cemetery

(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 Null & Son F. H.
508 West 8th St., Rolla Mo.,
 (b) Address _____

While at work? _____
(Specify type of place) Means of injury 2

19. (a) Oct. 19, 1946 (b) Max Guasita Harvey
(Date received local registrar) (Registrar's signature)

23. Signature S. L. Nye - Registrar 2
 Address Rolla Date signed 10/19/46

202

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.....

James B. Abernathy....., Registered Apprentice No. *419*
working under my personal supervision.

Signed..... *S. B. Nizell*.....

Licensed Embalmer No. *3397*.....

P. O. Address *Rolla 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.