

FILED FEB 5 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 96

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Manchester Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mos.  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Oscar Adrian Denny

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Mary Gunther

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

7. Birth date of deceased July 31 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83	5	14	hr. min.
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9. Birthplace Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Samuel Denny

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

14. Maiden name Anna Monday

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

16. (a) Informant Jack Denny

(b) Address 320 No. 8th. St. DeSoto, Mo

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Jan. 18, 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Her motherhead

(b) Address DeSoto, Missouri

19. (a) 1-17-47  
(Date received local registrar)

(b) Ruth J. Allen MD  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town DeSoto, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. 722 So. Main St.  
(If rural, give location)

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15  
year 1947 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Oct. 2  
1947 to Jan 15 1947  
that I last saw h. in alive on Jan 14 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to Senil, hypertrophic atherosclerosis

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

Other conditions Senil. arteriosclerosis  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

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

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 \_\_\_\_\_

23. Signature Ch Denny (M. D. or other) MD

Address Crem Coeur, Mo. Date 1-16-47

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**