

S. No. 2
1-1-4-41
7.5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5496

State File No. _____

Registration District No. 212

Primary Registration District No. 5780

Registrar's No. 14

1. PLACE OF DEATH:

(a) County MILLER
(b) City or town OLEAN
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME NATHANIEL DENNY

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ORINDA DENNY 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased DEC 20 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace MONITEAU COUNTY
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

12. Name JOHN DENNY

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

14. Maiden name SARAH FRANCIS REYNOLDS

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

16. (a) Informant Mrs. Nat Denny

(b) Address Olean, Mo.

17. (a) Interment (b) Date thereof 2-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENRIDGE CEMETERY

18. (a) Signature of funeral director Louis D. Phillips

(b) Address Edon, Mo.

19. (a) 2-20-47 (b) Oliverella Waly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1947 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-15-47 to 2-19-47
and that death occurred on the date and hour stated above.

Immediate cause of death Sumner's Pneumonia Duration 6 mo.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

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 M. E. Humphrey (M. D. or other) D.O.
Address Juscumba, Mo. Date signed 2-20-47

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

MOTHER FATHER

MAK 20 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-26-47

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.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Louis D. Phillips

Signed.....

Licensed Embalmer No. *3663*

P. O. Address *Beclay*

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.