V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12095

Registration District No. 333 Primary Registration District No. 6115 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - Smith add.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town ~~[illegible]~~ Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6½ miles West of Bernie, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Altha Denton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Denton
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased October (Month) 28 (Day) 1861 (Year)

8. AGE: Years 85 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Carolyle County (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation house wife
11. Industry or business

FATHER
12. Name Lum King
13. Birthplace Graves County (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elezibeth Ellis
15. Birthplace Graves County (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Orville Denton
(b) Address Dexter, Mo. RFD # 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Stephens Cemetery
18. (a) Signature of funeral director Robert E. Green
(b) Address Bernie Missouri
19. (a) 3-28-47 (Date received local registrar) (b) Mrs. T. H. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 18th year 1947 hour 6 minute 1 A.M.
21. I hereby certify that I attended the deceased from 17 March, 1947, to 18 March 47, 19; that I last saw her alive on 18 March 47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocarditis, Ch.
Due to Age
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations NAD
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Sikeston Mo Date 25 Mar 47

303 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 447-464
Date Filed 4-3-47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. G. Schaeman

Licensed Embalmer No. 4086

P. O. Address Malden 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.