S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. .....

49
2
5

Dr Leslie E. Stiles

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Joplin General Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Asbury (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 Orby Milton Denning
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 Etha
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased January (Month) 29 (Day) 1892 (Year)

8. AGE: Years 55 Months 6 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Swan (City, town, or county) Missouri (State or foreign country)
10. Usual occupation .....
11. Industry or business Blacksmith & Welder
FATHER
12. Name Oliver Denning
13. Birthplace ..... (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Rosetta Lewis
15. Birthplace Trenton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Etha Denning
(b) Address Asbury, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Junction Cemetery
18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri
19. (a) 8-22-47 (Date received local registrar) (b) Dolores Lampkins Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th year 1947 hour 4 minute 30 a M.

21. I hereby certify that I attended the deceased from August 17, 1947 to August 20, 1947 that I last saw him alive on August 19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	3 days
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none 83 P	
Of autopsy	

PHYSICIAN
Underline the cause of 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 L E Stiles (M. D. or other)
Address Asbury, Mo Date signed Aug 21 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-8-731

SEP 22 1941

SEP 19 1941

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.