. S. No. 2
0M—5-43
ev. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33411

Registration District No. 335 Primary Registration District No. 6118 Registrar's No.

1. PLACE OF DEATH:
(a) County: SCOTT
(b) City or town: ORAN
(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: 30 yr (Specify whether
In this community: 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: SCOTT
(c) City or town: ORAN
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARY ELIZABETH 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: WM D DENTON
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: SEPT (Month) 7 (Day) 1876 (Year)
8. AGE: Years 70 Months 11 Days 13 If less than one day hr. min.
9. Birthplace: BARLOW (City, town, or county) KENTUCKY (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:
FATHER
12. Name: JOHN TIPPY
13. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: MARY ELIZABETH MABERRY
15. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Effie Finley
(b) Address: GOOSE CREEK, TEXAS
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: SEPT 1 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Silent Hill Scott Co. Mo
18. (a) Signature of funeral director: Begley Funeral Home
(b) Address: Chaffee, Missouri
19. (a) 10/1/47 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1947 hour 6 a. minute P. M.
21. I hereby certify that I attended the deceased from 7/2 1947 to 8/31 1947 that I last saw alive on 8/29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 da
Due to: Vascular Hypertension	
Due to:	
Other conditions: Endocarditis (Include pregnancy within 3 months of death)	7

Major findings:
Of operations: Not
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: 0
23. Signature: [illegible] (M. D. or other)
Address: Oran Mo Date signed: 9/1/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1042-130
Date Filed 10-6-42

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 Jack J Burnett, Registered Apprentice No. 516, working under my personal supervision.

Signed Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson M[redacted]

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.