S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34311

Registration District No. 190 Primary Registration District No. 3024 Registrar's No. 65

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette (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 All his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard 45
(c) City or town Fayette (If outside city or town limits, write "RURAL")
(d) Street No. 303 S. Main St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Joseph Benjamin Denneny Jr.
3. (b) If veteran, name war World War 1
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 5, (Day) 1899 (Year)

8. AGE: Years 48 Months 2 Days 18 If less than one day hr. - min.
9. Birthplace Howard Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation --
11. Industry or business --
FATHER
12. Name Joseph B. Denneny Sr.
13. Birthplace Howard Co. Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Linnie Dow Tillery
15. Birthplace Plattsburg, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Harold Bingham
(b) Address Kansas City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Ridge Cemetery
18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri
19. (a) 11-1-47 (Date received local registrar) (b) Dorothy Zeer Sohn Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd year 1947 hour 6:00 minute A. M.
21. I hereby certify that I attended the deceased from Jan 1-1926, 19__, to Oct 22, 1947 that I last saw him alive on Oct 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrospinal Embolism — Duration 2 days
Due to Chronic Encephalitis — 25 yrs
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Ira Bloom (M. D. or other) M.D.
Address Fayette, Mo Date signed 10-27-47

123 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 11-14-47

NOV 1 1947

DEC - 7 1947

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 Lloyd O. Jaspering, Registered Apprentice No. 461, working under my personal supervision.

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.