

FILED JAN 3 1948

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME

PRÆSCILLA DENTON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex 73

5. Color or race Negro

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Jacob Denton

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 19 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 23 If less than one day hr. min.

9. Birthplace: Springfield Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Granville Hayden
13. Birthplace Springfield Mo
(City, town, or county) (State or foreign country)
14. Maiden name Emily Sawyer
15. Birthplace Warren
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Essie Bell

(b) Address 614 - Washington

17. (a) Burial (b) Date thereof 12-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lucy Memorial

18. (a) Signature of funeral director H. V. Smith

(b) Address 602 - N. Jefferson

19. (a) 12-15-47 (b) W. F. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 3.9
(c) City or town Springfield 7.2
(If outside city or town limits, write "RURAL")
(d) Street No. 222 - S. McAllister 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12
year 1947 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct. 22
1947, to Dec. 12 1947.

that I last saw her alive on Dec. 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis Duration _____

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? 0 ✓
While at work? (Specify type of place) (e) Means of injury _____

23. Signature Lymon D. Brown (M. D. or other) _____
Address 311 1/2 Boonville Date signed Dec. 15 1947

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

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.....

Herbert V. Smith

Licensed Embalmer No.....

4286

P. O. Address.....

Springfield, MA

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.