No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

44229

State File No. .....

FILED JAN 20 1948

Registration District No. 181

Primary Registration District No. 5393

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava, Rural Benton
(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 .....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME George F. Denney

3. (b) If veteran, name war No

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha Denney

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

7. Birth date of deceased September 29, 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	2	26	..... hr. ..... min.

9. Birthplace Springcreek, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business .....

FATHER

12. Name Charles Denney

13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Mary Cole

15. Birthplace North Carolina 1
(City, town, or county) (State or foreign country)

16. (a) Informant Vivian Roe.

(b) Address Fredonia, Kansas

17. (a) Burial (b) Date thereof 12-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springcreek

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) Jan 8-48 (b) Vestal Bushman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1947 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 20, 1947, to December 24, 1947; that I last saw him alive on December 22, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	6 days
Due to	
Due to	
Other conditions Uremia - from hypertrophy of prostate + retention of urine (Include pregnancy within 3 months of death)	3 days

Major findings:
Of operations .....
Of autopsy 10

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) 0

While at work? ..... (e) Means of injury .....

23. Signature R. M. Norman (M. D. or other) M. D.

Address Ava, Mo Date signed Dec. 29, 1947.

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

District Health Officer

District File Number 148-94

Date Filed JAN 17 1948

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 W. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Ora 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.