

S. No. 2
M-5-43
v. 5-17-39
I X36871

State File No. **4669**
Registrar's No. **5**

FILED MAR 4 1948

Registration District No. **140**

Primary Registration District No. **4229**

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

1. PLACE OF DEATH:

(a) County **Howard**

(b) City or town **Rural Franklin**
(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 **7 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Howard**

(c) City or town **Rural Franklin**
(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 **Jinie Blakely Denny**

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 **married**

6. (b) Name of husband or wife **John H. Denny**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **Aug 7 - 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 **5** **27** hr. min.

9. Birthplace **Howard Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Thomas Blakely**

13. Birthplace **Howard Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Erogene Sanders**

15. Birthplace **Howard Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Denny**

(b) Address **New Franklin Mo.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **2-6-48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Hill Cemetery**

18. (a) Signature of funeral director **C. S. Duncan**

(b) Address **New Franklin Mo.**

19. (a) **2-7-48** (Date received local registrar)

(b) **Mrs Lee Bowman** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **4**
year **1948** hour **4** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **Dec 17 1947** to **Feb 4 1948**
that I last saw her alive on **Jan 29 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **1/2 hour**

Due to **Coronary sclerosis** **2 years**
angina pectoris **2 years**

Due to **arteriosclerosis with**
hypertension **4 years**

Other conditions **Bronchitis**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **none of 4A**

Of operations _____

Of autopsy **none**
Electrocardiograph

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **G. Chamberlain** (M. D. or other) _____
Address **New Franklin** Date signed **2-4-48**

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 3-2-48

MAR 6 1948

MAR 6 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 L. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin 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.