S. No. 2
M—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

9025

State File No. .....

FILED MAR 25 1948

Registration District No. 57

Primary Registration District No. 3028

Registrar's No. 37

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 hours (Specify whether years, months or days)
In this community: 3½ months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 220 W. Second St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ----------

3. (a) PRINT FULL NAME: REGINA F. DENNEY
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
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: November (Month) 2 (Day) 1947 (Year)

8. AGE: Years	Months	Days	If less than one day
0	3	13	..... hr. ..... min.

9. Birthplace: Carthage (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: infant
11. Industry or business:
MOTHER FATHER
12. Name: Noel M. Denney
13. Birthplace: Muskogee (City, town, or county) Oklahoma (State or foreign country)
14. Maiden name: Faye Hunsaker
15. Birthplace: Mansfield (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mr. N. M. Denney
(b) Address: 220 W. Second, Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Feb. 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.
19. (a) 2-17-48 (Date received local registrar) (b) 139 (Registrar's signature) L. B. Clinton M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15 year 1948 hour 2:00 minute A M.
21. I hereby certify that I attended the deceased from Jan 16, 1948, to Feb 15, 1948, that I last saw her alive on Feb 15, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intussusception	48 hrs
Due to: Intestinal obstruction	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: as above	
Of autopsy: none	

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)
While at work?
(e) Means of injury:
23. Signature: George H. Wood (M. D.) or other)
Address: Carthage Mo Date signed: Feb 16 '48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-2-152

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.