. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11320

Registration District No. 372 Primary Registration District No. 6263 Registrar's No. [illegible]

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Seymour Mo Rt 4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Finley T.W.N.S
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster 112
(c) City or town Seymour Mo Rural 4
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Finley Twn 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES DENNEY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nora Denney
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept. (Month) 11 (Day) 1866 (Year)

8. AGE: Years 81 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Webster County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Tyre Denney
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Mahala Johnson
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Homer Denney (Son)
(b) Address Marshfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 10 (Day) 1948 (Year)
(c) Place: burial or cremation Seymour Cemetery
18. (a) Signature of funeral director Kelley, Ferrell, Bergman
(b) Address Seymour Mo
19. (a) Feb 22 (Date received local registrar) (b) Gilbert Jones (Registrar's signature) 242

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1948 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3-30, 1935 to 2-7, 1948
that I last saw him alive on 2-6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	
Due to Senility	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 97

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 E G Beers (M. D. or other)
Address Seymour Mo Date signed 2-12-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 348-292
Date Filed MAR 16 1948

MAR 23 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 K. K. Kelley

Licensed Embalmer No. 3334 Fordland mo

P. O. Address .....

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.