

FILED APR 21 1948
Registration District No. **746**

Primary Registration District No. **3026**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **23 hours**
(Specify whether years, months or days)

In this community **23 hours**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Rural (Brookings) N. of Raytown**
(If outside city or town limits, write "RURAL")

(d) Street No. **5806 Raytown Road**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **XXXXXX**

3. (a) PRINT FULL NAME **Delmar Doyle Denton**

3. (b) If veteran, name war **World War #2**

3. (c) Social Security No. **500-14-751**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28** year **1948** hour **1** minute **30** A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**

6. (b) Name of husband or wife **XXXXXX** 6. (c) Age of husband or wife if alive **XXX** years

7. Birth date of deceased **April 23 1922**
(Month) (Day) (Year)

Immediate cause of death **Shock** Duration _____

Skull Fracture

8. AGE: Years **25** Months **11** Days **5** If less than one day hr. _____ min. _____

Due to **Railroad Trauma**

9. Birthplace **Marshall Arkansas**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **beauty operator**

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

11. Industry or business **XXXXXX**

Major findings: Of operations _____

12. Name **Edward Denton**

Of autopsy **1700-25**

13. Birthplace **Cambell Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Ella Adams**

15. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J.J. Masur**

(b) Address **5806 Raytown Rd. K.C. Mo. #3**

17. (a) **Removal** (b) Date thereof **Mar 31 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Lawrence Co.**

18. (a) Signature of funeral director **Clark H. Agent**

(b) Address **Raytown, Mo.**

19. (a) **3-29-48** (b) **J. J. Masur**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **3-27-48**

(c) Where did injury occur? **Jackson Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **No** (Specify type of place) Means of injury **Trauma**

23. Signature **A. E. Hooker** (M. D. or other)

Address **2800 Main** Date signed **3/28/48**

MAY 1

AUG 19 1937

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 *Clark Keper*

Licensed Embalmer No. *3983*

P. O. Address: *Raytown 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.