

FILED AUG 10 1948

State File No. _____

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1221 E. Promenade St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 42 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1221 E. Promenade St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret S. Denton

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 Widowed

6. (b) Name of husband or wife James F. Denton 6. (c) Age of husband or wife if alive _____ years
January 13, 1867

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 81 Months 6 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Richard R. Dunn
13. Birthplace Va.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah E. Reeds
15. Birthplace Lincoln County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Bessie Denton
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Aug. 6, 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Burt
(b) Address Mexico, Mo.
19. (a) 8/6/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month 8 day 5
year 48 hour 10 minute 50 M.

21. I hereby certify that I attended the deceased from 12-2, 1948 at 8-5-
that I last saw her alive on 8-4-, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma ovary.

Due to _____

Due to _____

Other conditions Atherosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 490

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 Francis J. Kelly (M. D. or other) Mo
Address Mexico, Mo Date signed 8/5/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 13

District File Number 8-48-146

Date Filed AUG. 9 - 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 Earl E. Pruebs

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.