

FILED SEP 28 1948

Registration District No. **283**

Primary Registration District No. **6115**

Registrar's No. **96**

1. PLACE OF DEATH:

(a) County **Scott**  
(b) City or town **Rural Richland**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2 miles West of Sikeston 3-**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid 72**  
(c) City or town **Lilbourn 3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) **1**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Charles Henry Denton**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**

4. Sex **Male** 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: **April 26 1930**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**18 4 20** hr. min.

9. Birthplace: **Stoddard Co., Missouri. U**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Truck Driver.**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Thomas V. Denton**  
13. Birthplace **Missouri. U**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Blanche Clayton U**  
15. Birthplace **Cape Co., Missouri. U**  
(City, town, or county) (State or foreign country)

16. (a) Informant **T. V. Denton**  
(b) Address **Lilbourn, Missouri.**

17. (a) **Burial** (b) Date thereof **9-19-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Essex, Missouri.**

18. (a) Signature of funeral director **Ponder Funeral Home**

(b) Address **Lilbourn, Missouri.**

19. (a) **9-21-48** (b) **Mrs T. G. Henry**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **16**  
year **1948** hour **3** minute **30** P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
**INTERNAL INJURIES, FRACTURED SKULL  
BROKEN R.T. ARM BROKEN L. LEG**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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) **Accident 15**  
(b) Date of occurrence **16 September 1948**  
(c) Where did injury occur? **2 miles west of Sikeston, Scott, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Highway #60 3**

While at work **YES** (Specify type of place) (c) Means of injury **Auto Accident**

23. Signature **Dr. W. Taylor** (M. Bowen)  
Address **Lilbourn 700** Date signed **9-20-48**

call with Mr. Allen M. W. H.

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

RECEIVED

District Health Office No. 2,

District File Number 948-1209

Date Filed 9-24-48

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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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.**