

FILED JUN 22 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21291

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 205

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>609 S. Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>hou</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1950</u>		
a. (First)		b. (Middle) <u>Denman</u>		c. (Last)	

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 15, 1872</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days Min.		IF UNDER 24 HRS. Hours Min.	
										<u>6</u> <u>22</u>			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newspaper work</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>William A Freeman</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Black</u>			14. NAME OF HUSBAND OR WIFE <u>Harry Denman</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <u>Harry Denman, Farmington, Mo</u>			ADDRESS		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease years</u>									
		ANTECEDENT CAUSES									
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
		DUE TO (b)									
		DUE TO (c)									
		II. OTHER SIGNIFICANT CONDITIONS								4200	
		Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION <u>none</u>			19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from Aug 8, 1949, to June 7, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James J. Grant M.D.</u>			23b. ADDRESS <u>Farmington, Mo</u>			23c. DATE SIGNED <u>6-9-50</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/9/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo</u>			
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DATE REC'D BY LOCAL REG. <u>June 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home</u>			ADDRESS <u>Farmington Mo</u>		
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SEP 19 1950

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

650-812

DEC 1 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Paul Dege*

Licensed Embalmer No. 4120

P. O. Address Springton 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.