

MAR 17 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7065  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 355  
(b) Township DAVIS Primary Registration District No. 5497 Registered No. 3  
(c) City Rural or (d) Street No. / St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 75 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 4 1/2 yrs. mos. ds.

2. PRINT FULL NAME CHARLES CURTIS DENISON

(a) Residence, No. CLINTON, RURAL R # 5 St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Hellie Kate Denison  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21 1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 4 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Andrew Curtis Denison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

15. MAIDEN NAME Matilda WATLING

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Paul Denison  
CLINTON R # 5

18. BURIAL, CREMATION, OR REMOVAL PLACE Ladue Mo DATE 2-12 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. L. Kansant  
Clinton Mo.

20. FILED 2-12 41 W. E. Baggerly  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 1940 to Feb 9 1941  
I last saw him alive on Feb. 9 1941. Death is said to have occurred on the date stated above, at 10 a. m.  
The principal cause of death and related causes of importance were as follows:

Ch. myocarditis  
acute bronchitis  
Date of onset 3 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) W. E. Baggerly M. D.  
(Address) Montrose Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4200

RECEIVED

District Health Officer No. 7,

District File Number 9-41-423

Date Filed 3-5-41

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,

W. J. Harsant, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed W. J. Harsant

Licensed Embalmer No. 3779

P. O. Address Clinton 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, above space should be left blank.**