

FILED AUG 26, 1947
Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 178

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
811 East Lincoln
(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 Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 811 E. Lincoln St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIGA, NICHOLAS DENNEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 - 15 1871
(Month) (Day) (Year)

8. AGE: Year 75 Months 8 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace St Clair Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Candy maker

11. Industry or business _____

MOTHER FATHER

12. Name Henry Denney

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant S. B. Denney

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 8-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastglowood

18. (a) Signature of funeral director Consuelus Beck

(b) Address Clinton Mo

19. (a) 8-19-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1947 hour 3 minute 35 AM

21. I hereby certify that I attended the deceased from Illness
June, 1947 to 8-18, 1947
that I last saw him alive on Aug 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Duration _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations GSA

Of autopsy _____

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) _____

(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? Yes (Specify type of place) (e) Means of injury _____

23. Signature E. P. Trebr (M.D. or other) _____

Address Clinton Mo Date signed 8/20/47

RECEIVED
District Health Officer No. 7,
2-47-1810
District File Number 8-25-47
Date Filed

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 R. R. Kenney
Licensed Embalmer No. 3099
P. O. Address Clinton Ms

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.