

JUL 17 1939

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

22375  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Jasper Registration District No..... 411

(b) Township..... Primary Registration District No..... 2002 Registered No.....

(c) City..... Joplin (d) Street No..... St. John's Hospital 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 20 a. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Flora Lane Denney

(a) Residence, No. 706 Chestnut St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claude Denney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1884

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>55</u>	<u>2</u>	<u>7</u>	

OCCUPATION 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. HOUSEWIFE

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) Sedalia, Mo.

FATHER 13. NAME Jay P. Lane

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

MOTHER 15. MAIDEN NAME Clara I. Conklin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amboy, Illinois

17. INFORMANT John Denney (ADDRESS) Joplin, Mo.

18. BURIAL, CREMATION, OR OTHER PLACE Mt. Hope DATE 6-30-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dillon Joplin, Mo.

20. FILED 6-29-39 Ed Denney Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1939

22. I HEREBY CERTIFY That I attended deceased from Feb 17 1939 to June 26 1939

I last saw h. et alive on June 26 1939 Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis  
Complete right side  
paralysis

Other contributory causes of importance:

Name of occupation Physician Date of 1939

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19... 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? If so, specify.

(Signed) Ed Denney M. D. (Address) 708 Hughes Bldg Joplin Mo

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.

RECEIVED

District Health Officer No. 6,

District File Number 739-1408

Date Filed JUL 10 1939

**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 Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin, 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.