

STANDARD CERTIFICATE OF DEATH

State File No. 28143

Registration District No. 189

Primary Registration District No. 5-162

Registrar's No. 991

1915 SEP 16 1940

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Greenridge
 (c) Name of hospital or institution: Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 In this community Ten years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 miles west of Guthrie, Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Ogville Sylvester Denny 500

8. (b) If veteran, name war none 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary E. DENNY 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased 10 24 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 26 hr. min.

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Denny

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

14. Maiden name Sarah Rayhol
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mary E. Denny
 (b) Address Guthrie, Mo.

17. (a) Burial (b) Date thereof 8/23/1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenridge

18. (a) Signature of funeral director Ray O. Holt
 (b) Address New Bloomfield, Mo.

19. (a) Aug 22-1940 (b) Queltrick 108
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
 year 1940 hour 3 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 19, 1934, to Aug 21, 1940;
 that I last saw him alive on Aug 18, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions Secondary Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy m

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

23. Signature E. M. B. Rusk (M. D. number) _____

Address New Bloomfield, Mo. Date signed Aug 22-1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

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 *Ray A. Holt*

Licensed Embalmer No. *2605*

P. O. Address *Green Blufffield, 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.