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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38137

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1164

FILED DEC 10 1940

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 12 days (Specify whether years, months or days)
In this community 1 mo. 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Harrison
(c) City or town Bethany (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CHARLES FREDERICK TENNEY

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mrs Anna Tenney
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Aug. (Month) 14 (Day) 1863 (Year)

8. AGE: Years 77 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Hollis, New Hampshire (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Wm Tenney
13. Birthplace (Unknown) N.H. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Perkins
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Hospital Records
(b) Address State Hosp. #2 St. Joseph, Mo.
17. (a) Bethany, Mo. (Burial, cremation, or removal) (b) Date thereof 11/4/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Mo.
18. (a) Signature of funeral director T. H. Haas
(b) Address Bethany, Mo.
19. (a) 11/4/40 (Date received local registrar) (b) A. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd. year 1940 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from Sept. 20, 1940, to Nov. 2, 1940; that I last saw him alive on Nov. 1, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia	13 days
Due to Ulcer & Cellulitis of leg	
Due to	
Other conditions Senile psychosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
85
While at work? (e) Means of injury
23. Signature J. K. Thompson (M. D.)
Address State Hosp. #2 St. Joseph, Mo. Date signed 11-2-40

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.