DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3997

FILED FEB 11 1942

Registration District No. 878 — Primary Registration District No. 6203 — Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Webster
(b) City or town: Fondland East Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Webster
(c) City or town: Fondland - Rural
(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.? 6 years

3. (a) PRINT FULL NAME: James A. 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: Wid
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: April (Month) 9 (Day) 1858 (Year)
8. AGE: Years 83 Months 9 Days 0 If less than one day ____ hr. ____ min.
9. Birthplace: Missouri (City, town, or county) ____ (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business ____
12. Name (Father): James A. Denney Sr
13. Birthplace: Tenn (City, town, or county) ____ (State or foreign country)
14. Maiden name (Mother): Eve Dillan
15. Birthplace: Tenn (City, town, or county) ____ (State or foreign country)
16. (a) Informant's own signature: Robert Denney
(b) Address: Fondland, Mo R#2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: JAN. 11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Easton Cem.
18. (a) Signature of funeral director: Kelley Funeral
(b) Address: Fondland, Mo
19. (a) 1-19-1943 (Date received local registrar) (b) Susie O Beuel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 9 year 1942 hour 9 minute 30 a.m.
21. I hereby certify that I attended the deceased from 8-24, 1941, to 1-8, 1942; that I last saw him alive on 1-8, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic cardiorenal insufficiency	
Due to:	2 yr.
Due to:	
Other conditions (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)
While at work? ____ (e) Means of injury ____
23. Signature: Howard T. Mason (M. D. or other) DO.
Address: Fondland Mo. Date signed 1-18-42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 6,
District File Number 242-198
Date Filed FEB 10 1942

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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.