No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24422

Registration District No. 378 Primary Registration District No. 4222 Registrar's No. 48

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

1. PLACE OF DEATH:
(a) County Howard,
(b) City or town Fayette,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hosp. 0
(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 Howard, 45
(c) City or town Fayetteln 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Richard Denneny
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Bessie Denney
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May (Month) 4th (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
74	2	13	hr. min.

9. Birthplace Ohio. (City, town, or county) / (State or foreign country)
10. Usual occupation Druggist,
11. Industry or business
FATHER
12. Name John Denneny 4
13. Birthplace Ireland, (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Burke,
15. Birthplace Ireland, (City, town, or county) (State or foreign country) 7
16. (a) Informant James C. Denneny.
(b) Address Fayette, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20th 1942 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetary.
18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.
19. (a) 7-21-42 (Date received local registrar) (b) Thomas S. Denny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1942 hour 11 minute 20 A.M.
21. I hereby certify that I attended the deceased from July 1, 1942 to July 17, 1942; that I last saw him alive on July 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	2 hr
Due to Coronary Sclerosis	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Iva Bloom (M. D. or other) M.D.
Address Fayette Mo Date signed 7-21-42

1044 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 8-6-42

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 Guy T Halley

Licensed Embalmer No. 2966

P. O. Address Fayette Mo

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

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