S. No. 2
M—2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13130

FILED MAY 6 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2028

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

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bellerieve Hotel 1214 E. Armour
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community since 1904
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48 3

(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")

(d) Street No. Bellerieve Hotel, 214 E. Armour
(If rural, give location)

(e) Citizen of foreign country? x (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME John L. Denneny,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married, 1

6. (b) Name of husband or wife Marita W. Denneny

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased November (Month) 1 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	5	28	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired,

11. Industry or business x

FATHER
12. Name J. L. Denneny,
13. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Marita W. Denneny,
(b) Address Bellerieve Hotel, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Abbey

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-30-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29
year 43 hour 6:30 A minute M.

21. I hereby certify that I attended the deceased from Crowe, 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coming occlusion	
Due to 9 Hr	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See Ofm

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 [signature] 4/29/43 (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 14152

P. O. Address .....

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, fact should be so stated above.