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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED MAY 8 1943
Registration District No. 120

Primary Registration District No. 5445

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Gentry

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

(c) Name of hospital or institution: 1
(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) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ross Herbert Denham

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 Married

6. (b) Name of husband or wife Mae 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 23 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>10</u>	<u>27</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Ed. Denham

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

14. Maiden name Addie McCleahan

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

16. (a) Informant Mrs. Ross Denham

(b) Address Gentry, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/43
(Month) (Day) (Year)

(c) Place: burial or cremation Greenridge

18. (a) Signature of funeral director Wm. H. ...
(b) Address ...

19. (a) April 21-1943 (Date received local registrar) (b) James W. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from April 15 1943 to April 18 1943 that I last saw him alive on April 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Neurovascular stroke
ulcers

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) ma

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations.....

Of autopsy.....

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 Charles Williamson (M.D. or other) MD
Address Gentry Mo Date signed 4-21-43

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

MOTHER FATHER

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Carlton Brooks

Licensed Embalmer No.

3329

P. O. Address

Albany 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, fact should be so stated above.