

**FILED SEP 28 1943**  
Registration District No. 199

Primary Registration District No. 1002

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:  
5924 Oak Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 5 Years  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Mrs. Marjorie Nell Denham  
3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband of Mr. Richard Garland Denham, Jr. 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased September 4 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>0</u>	<u>9</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

**MOTHER FATHER**  
12. Name Oliver Carr George  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Nell Brennan  
15. Birthplace Falls City Nebraska  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Richard Garland Denham, Jr.  
(b) Address 5924 Oak Street

17. (a) Burial (b) Date thereof Sept. 15, 1943  
(Place, location, or removal) (City, town, or county) (Day) (Year)  
(c) Place: St. Joseph, Missouri

18. (a) Signature of funeral director D. W. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 9-15-43 (b) J. E. Brown, Dep.  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5924 Oak Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. ---

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Sept day 13  
year 1943 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Sept 9 1943 to Sept 13 1943  
that I last saw her alive on Sept 13 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma Hemorrhage  
Due to Carcinoma of the Uterus  
Other conditions (Include pregnancy within 3 months of death) 436

Major findings: Biopsy - Carcinoma  
Of operations None  
Of autopsy None

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? \_\_\_\_\_

23. Signature Sark Ferris (M. D. or other) MD  
Address 934 Angyle Blvd Date signed 9-13-43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Kansas City Mo

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**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 *A.C. Newcomer Jr*  
Licensed Embalmer No. *4043*  
P. O. Address *A.C. No.*

**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.**