

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

1. PLACE OF DEATH:

(a) County **Jackson,**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution:
4726 Fairmount
 (If not in hospital or institution, write street number or location) /
 (d) Length of stay: In hospital or institution **no.** (Specify whether
 In this community **18 months**
 years, months or days)

3. (a) PRINT FULL NAME **Mrs. Mary J. Denny,**
 3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed,**
 6. (b) Name of husband or wife **A. M. Denny** 6. (c) Age of husband or wife if alive **dec.** years
 7. Birth date of deceased **December 23 1857**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 8 15 hr. min.

9. Birthplace **Illinois,** (City, town, or county) (State or foreign country)
 10. Usual occupation **at home,**

11. Industry or business **x**
 12. Name **unknown,**
 13. Birthplace **unknown,** (City, town, or county) (State or foreign country)
 14. Maiden name **unknown,**
 15. Birthplace **unknown,** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Daryl Denny,**
 (b) Address **4809 Canoke Pkwy, Kansas City, Mo.**
 17. (a) **Cremation,** (b) Date thereof **9-11-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**
 (b) Address **3235 Gillham Plaza, Kansas City, MO.**
 19. (a) **9-8-44** (b) **N. E. Brown.**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,** **41**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4726 Fairmount**
 (If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **x** **11**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **8th**
 year **1944** hour **6:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 1,** 19**44** to **Sept 8,** 19**44**
 that I last saw her alive on **Sept 1,** 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis.** Duration **10 yrs.**
 Due to **Arterio-sclerosis.** **30 yrs.**

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **73 ad**
 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 **E. W. Shusher** (M. D. or other) **3**
 Address **900. Pratts Bldg** Date signed **9-8-44**

OCT 10 1944

Dr. E. W. Slusher
Rialto Bldg.

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

Don Short

Licensed Embalmer No. *3757*

P. O. Address *Miss Kansas City*

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.