S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37301

Registration District No. 44 — Primary Registration District No. 4061 — Registrar's No. 58

1. PLACE OF DEATH:

(a) County Caldwell,
(b) City or town Braymer, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Main Street, (If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution ✓ ✓ (Specify whether
In this community Past Sixty Years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Caldwell, 13
(c) City or town Braymer, (If outside city or town limits, write "RURAL")
(d) Street No. North Main Street, (If rural, give location)
(e) Citizen of foreign country? ✓ ✓ (Yes or No)
If yes, name country ✓ ✓ ✓

3. (a) PRINT FULL NAME John C. Denison,
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~~ Widowed 2
6. (b) Name of husband or wife Sylvia C. Denison, 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Feb.-3rd.,-1863, (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	9	19	✓ hr. ✓ min.

9. Birthplace Carroll County,-Missouri. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer & Stockman,
11. Industry or business Feeding & Farming,
FATHER
12. Name Samuel Denison,
13. Birthplace Kentucky, 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Wheeler,
15. Birthplace Kentucky, 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. H. B. Cooper,
(b) Address Braymer, Mo.,
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof Nov.-24-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cemetery,-
18. (a) Signature of funeral director E. P. Michael
(b) Address Braymer, Mo.
19. (a) Dec 10-1944 (Date received local registrar) (b) E. A. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 1944 hour 3 minute 45 M.
21. I hereby certify that I attended the deceased from July, 1934, to Nov-22-, 1944 that I last saw him alive on Nov 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Gangrene — Duration 1 wk
Due to Arteriosclerosis
Due to
Other conditions None (Include pregnancy within 3 months of death) 97
Major findings: Of operations None
Of autopsy None

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) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? None (e) Means of injury None
23. Signature Cardinal B. Woolsey (M. D. or other)
Address Braymer, Mo. Date signed Nov 24

1151 (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 E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, 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.