

FILED MAR 6 1945
Registration District No. **289**

Primary Registration District No. **3043**

Registrar's No. **7**

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME James Franklin DeNio

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-07-8839

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna M. 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March 22, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 11 hr. min.

9. Birthplace Fort Wayne Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Slater Mill & Elevator Co.

MOTHER FATHER { 12. Name No record
13. Birthplace No record (City, town, or county) (State or foreign country)
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. F. Denio
(b) Address 121 South Maple Hannibal Mo

17. (a) Burial (b) Date thereof 1/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director W. M. Smith
(b) Address 902 Broadway Hannibal Missouri

19. (a) 1-8-45 (b) A. W. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 121 South Maple
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1945 hour 6 minute 17 A. M.

21. I hereby certify that I attended the deceased from Jan 1 1945 to Jan 3 1945
that I last saw him alive on Jan 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 3 days
Due to Cardio-vascular-Renal syndrome ?
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
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 A. W. Connor (M. D. or other) _____
Address Hannibal Mo Date signed Jan 5 - 45

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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.....

George T. Bond

Licensed Embalmer No..... 1373

P. O. Address Hannibal Missouri

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.