

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1133

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Mo.
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Nevada Mo (b) County Vernon 108
 (c) City or town NEVADA MO
(If outside city or town limits, write "RURAL")
 (d) Street No. 1123 Washington 2
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME John Denman
 3. (b) If veteran, name war # 2
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 11
 year 1948 hour 3:50 A. M. minute _____ M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, MARRIED
 6. (b) Name of husband or wife ROSEMARY LOVE DENMAN
 6. (c) Age of husband or wife if alive 22 years
 7. Birth date of deceased January 3, 1921
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 19
1948, to March 11 1948;
 that I last saw him alive on March 10 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years 27 Months 2 Days 8
 If less than one day hr. _____ min. _____

Immediate cause of death Uremia
 Due to Acute Glomerular Nephritis

9. Birthplace MISSOURI 0
(City, town, or county) (State or foreign country)

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations NO 130
 Of autopsy NO

10. Usual occupation WHOLESALE GROCERY

11. Industry or business _____
 12. Name GEORGE C. DENMAN
 13. Birthplace Nevada Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Lehan M. Dalton
 15. Birthplace Walker Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. ROSEMARY L. DENMAN
 (b) Address NEVADA, MISSOURI
 17. (a) Removal (b) Date thereof 3-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Nevada, MO.

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? _____

18. (a) Signature of funeral director Stine & McClure
 (b) Address Kansas City, Mo.
 19. (a) 3-13-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (e) Means of injury 0
 23. Signature W. H. ... (M. D. or other) _____
 Address 1019 Pop Bldg, K.C. Mo. Date signed 3/12/48

Dr. Hoffman, R.L. Prof. Bldg

APR 19 1948

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.....

Charles Stickney

Registered Apprentice No. *64*

working under my personal supervision.

Signed *Robert H Reed*

Licensed Embalmer No. *3740*

P. O. Address. *K.C. 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.