

No. 2
5-43
5-17-39
1 X36671

FILED NOV 4 1948

Registration District No. **119**

Primary Registration District No. **1002**

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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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 weeks**
(Specify whether

In this community **4 years**
years, months or days)

3. (a) PRINT FULL NAME **Richard O. Denham**

3. (b) If veteran, name was **none**

3. (c) Social Security No. **491 03 9190**

4. Sex **male** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mr. Lela M. Denham**

6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **Sept. 26, 1901**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

47 0 19 hr. min.

9. Birthplace **Gentry Co., Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Operating Engineer**

11. Industry or business **Patti Construction Co.**

MOTHER FATHER

12. Name **Andrew Denham**

13. Birthplace **Gentry Co., Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Addie McClaham**

15. Birthplace **Gentry Co., Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lela M. Denham**

(b) Address **11313 Shelly Rd. Independence, Mo.**

17. (a) **removal** (b) Date thereof **10/16/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grant City, Mo.**

18. (a) Signature of funeral director **Geo. C. Carson**

(b) Address **Independence, Mo.**

19. (a) **10-15-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Independence**
(If outside city or town limits, write "RURAL")

(d) Street No. **11313 Shelly Rd.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **15**
year **1948** hour **3:40** minute **A** M.

21. I hereby certify that I attended the deceased from **Sept 15**
1948 to **Oct 15**, 19**48**

that I last saw h. **alive on Oct 15**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary failure** Duration 1 day

Due to **lung abscesses Right & left** 1 week

Due to **Pulmonary infection** 1 week

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Gastric ulcer resection** 3 weeks

Of autopsy **11/10**

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? **0**

While at work? _____ (Specify type of place)

(e) Means of injury **John T. Skinner**
Signature **John T. Skinner** (M. D. or other) **MD**
Address **1102 Spruce** Date signed **10/15/48**

K. E. MO

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.....

Richard J. Mullins....., Registered Apprentice No. *268*
working under my personal supervision.

Signed *Tom D. Marland*.....

Licensed Embalmer No. *4592*.....

P. O. Address *Indep. 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.