

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

2838
Do not use this space.

1. PLACE OF DEATH **RECORDED FEB 2 1939**

(a) County Lafayette Registration District No. 465

(b) Township Waverly Primary Registration District No. 4278

(c) City Waverly (d) Street No. _____ Registered No. 3

(e) Length of residence in city or town where death occurred 18 yrs. 5 mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Roy James Dennis (Roy James Dennis)

(a) Residence, No. _____ St. _____ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. E. Dennis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

64 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. Pharmacist

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) near Waverly (STATE OR COUNTRY) Illinois

FATHER 13. NAME William P. Dennis

14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Eliza Ann Van Note

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

17. INFORMANT Mrs. Mena Dennis (ADDRESS) Waverly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Cem. DATE Jan 22 - 1939

19. FUNERAL DIRECTOR Willis Funeral Home (ADDRESS) Carrollton Mo.

20. FILED Jan 20th 1939 Clayton H. Landrum Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20th 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to January 20, 1939

I last saw h. im. alive on January 20, 1939. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the stomach Date of onset _____

gastric ulcer 1934

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Geo. A. Kelling M.D. (Signed) Geo. A. Kelling, M. D.

(Address) Waverly, Missouri 876

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8/6/39

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham Licensed Embalmer No. 4009

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Ralph Van Landingham
Licensed Embalmer No. 4009

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.)