

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X12004

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.

23 1940

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

12661  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Sullivan Registration District No. 857  
 (b) Township Polk Primary Registration District No. 6120 Registered No. ....  
 (c) City Milan (d) Street No. 2 St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. (if of foreign birth) yrs. mos. ds.  
 2. PRINT FULL NAME Juanita Augusta Dennis  
 (a) Residence, No. Pollock St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Dennis  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1849  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. of ..... min.  
90 7 25  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wappello County, Iowa  
 FATHER 13. NAME Alexander McCormick  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data  
 MOTHER 15. MAIDEN NAME Dore Jane Garlandhouse  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data  
 17. INFORMANT (ADDRESS) Mrs. Mamie Yardley, Pollock, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL Holiday Cemetery, DATE Feb. 6, 1940  
 19. FUNERAL DIRECTOR (ADDRESS) C. A. Schwere, Milan, Mo.  
 20. FILED April 6, 1940 Cleo Ragan, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4, 1940  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1940 to Feb 7, 1940  
 I last saw her alive on Feb. 3, 1940. Death is said to have occurred on the date stated above, at 11:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Apall Jan. 28, 1940  
retained in injuries to head and lungs  
 Date of onset 186  
 Other contributory causes of importance: Possibly chronic nephritis  
 Name of operation none Date of .....  
 What test confirmed diagnosis? Physo Was there an autopsy? No  
 If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury Jan 28, 1940  
 Where did injury occur? at home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury fall  
 Nature of injury fall on head and lungs  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) J. C. Roberts, M. D.  
 (Address) Pollock, Mo.

RECEIVED

District Health Officer No. 10

District File Number 4-40-797

Date Filed APR 10 1940

STATEMENT BY LICENSED EMBALMER

I, Frank D. Schoene, Licensed Embalmer No. 2016

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

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Frank D. Schoene

Licensed Embalmer No. 2016

**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.)**