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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6656

FILED MAR 21 1941

State File No. \_\_\_\_\_

Registration District No. 184

Primary Registration District No. 5256

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town Rural, N. Galloway  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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 Samuel P. Tennis.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ella Tennis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 9, 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Wilson Tennis.

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lena Tennis

(b) Address Ozark, Mo. R#1

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Chastain cem.

18. (a) Signature of funeral director J.W. Maples

(b) Address Clever, Mo.

19. (a) 1-20-1941 (Date received local registrar) (b) Loretta Leonard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian  
(c) City or town rural (If outside city or town limits, write "RURAL")  
(d) Street No. Ozark, R#1 (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10 year 1941 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan. 8, 1941 to Jan. 10, 1941 that I last saw him alive on Jan. 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 2 wks

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Rheumatic heart disease with decompensation UNKNOWN

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J.P. Power (M. D. or other) D  
Address Ozark, Mo Date signed 1-14-41

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

MOTHER FATHER

184

RECEIVED

District Health Officer No. 6

District File Number 341-480

Date Filed MAR 20 1911

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

*J.W. Maples*

Licensed Embalmer No.

2985

P. O. Address

*Clermont*

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.