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X2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

1947 APR 28 10:47
FILED APR 26 1947
STANDARD CERTIFICATE OF DEATH

10854

State File No. _____

Registration District No. 385

Primary Registration District No. 5336

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Near Burnham, Mo.
(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 _____
In this community Since December 1940 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Pomona, Mo. Rural Route
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David E. Dennis.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 507-16-481

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace Dennis. 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 24th, 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Brick Mason.

11. Industry or business _____

12. Name Mr. Dennis.

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

14. Maiden name Emma Dennis. (City, town, or county) (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/41 (Month) (Day) (Year)

(c) Place: burial or cremation Willow Spgs. City Cemetery
(a) Signature of funeral director J.R. Burns (b) Address Willow Springs, Mo. 341

19. (a) 3-25-41 (Date received local registrar) (b) Nanette J. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/25/41 day year 11 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Shot Gun Discharged in his own hands while carrying it discharge caused by falling,

Shot entered his left side just below ribs, penetrating the side, deceased lived about one hour after the accident

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No.

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) Accident (b) Date of occurrence March 25th, 1941

(c) Where did injury occur? Country Home, Howell, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3

(a) Signature of physician John F. Duncan (Specify type of place) (b) Address Mountain View, Mo. (c) Means of injury Shot Gun.

23. Signature of coroner John F. Duncan (d) Address _____ (e) Date signed 3/27/41

RECEIVED

District Health Officer No. 8,

District File Number 441531

Date Filed

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.C. Burns
Licensed Embalmer No. 3379
P. O. Address Hillow Springs,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

1-2
1-41
7-39
X26390

Registration District No. 385

Primary Registration District No. 5536

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Hopwell
(b) City or town Burnham
(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 David E Dennis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name Mrs. Emma Dennis (State or foreign country)

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Dennis

(b) Address Versa, _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 3-25-41 (Date received local registrar) (b) Nanette Ferguson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 John F. Duncan (M. D. or other) _____
William V. New M Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

EMERALD

MOTHER FATHER

1941
S-10854

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.....

Licensed Embalmer No.....

P. O. Address.....

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.