

Filed SEP 2 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 1-0-01 1000

Registrar's No. 823

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1529 Savannah Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community abt 12 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1529 Savannah Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME WILLIAM-J- DENNIS

3. (b) If veteran name war World War #1

3. (c) Social Security No. 488-14-7165

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced 17M

6. (b) Name of husband or wife Edna E. Dennis

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Aug 27 1882  
(Month) (Day) (Year)

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

59 11 24 hr. min.

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

10. Usual occupation Mechanic

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

12. Name Wm Jasper Dennis

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

14. Maiden name Edna E. Frank

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

16. (a) Informant Edna E. Dennis

(b) Address 1529 Savannah Ave

17. (a) burial (b) Date thereof 8-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Anthony Cem

18. (a) Signature of funeral director Roy Stoney

(b) Address St. Joseph

19. (a) 8-18-42 (b) Rose Ferguson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16  
year 1942 hour 8 minute P M.

21. I hereby certify that I attended the deceased from August 12, 1941 to August 10, 1942  
that I last saw him alive on August 10, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Pancreas

Due to Metastases

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

Other conditions (includes pregnancy within 3 months of death) 51

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) \_\_\_\_\_  
(b) Means of injury \_\_\_\_\_

23. Signature Walter Powell (M. D. or other) \_\_\_\_\_

Address 718 N 7th Date signed 8-17-42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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SEP 16 1942

**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.....

*John Roy Stoney*

Licensed Embalmer No. *2435*

P. O. Address..... *St Joseph*

**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.**