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

1. PLACE OF DEATH:

(a) County. MONROE
(b) City or town. PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 255 1/2 Monroe St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community 25 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. MONROE
(c) City or town. PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. 101 St. Monroe St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME RUBEN CARTWRIGHT DENNIS

8. (b) If veteran, name war. _____ 8. (c) Social Security No.

4. Sex MALE 5. Color or Race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife. MARY FRANCIS DENNIS 6. (c) Age of husband or wife if alive years

7. Birth date of deceased. MAY 11, 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 4 22 hr. _____ min.

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

10. Usual occupation. MERCHANT

11. Industry or business _____

MOTHER FATHER { 12. Name. RUBEN DENNIS

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

14. Maiden name. SUSANNA ARNETT

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

16. (a) Informant. Bertha Pugh
(b) Address. PARIS, MO

17. (a) BURIAL (b) Date thereof. OCT. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. WALNUT GROVE

18. (a) Signature of funeral director. Speed S. Slaby
(b) Address. PARIS, MO.

19. (a) 10-3-42 (b) E. H. Agnew
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 3
year 1942 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from 2 to 9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) SBW

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) Means of injury _____

23. Signature Geo. W. Kayser (M. D. or _____)
Address PARIS, Mo. Date signed 10-3-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 11-42-2061

Date Filed NOV 12 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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

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, above space should be left blank.