

FILED MAY 11 1943 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County... Callaway
 (b) City or town... Houston
 (c) Name of hospital or institution... State Hospital No. 1
 (d) Length of stay: In hospital or institution... 1 yr 7 m 24 d
 In this community... 1 yr 7 m 24 d

3. (a) PRINT FULL NAME... William Dennis

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

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

6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... 30 years
 (Month) (Day) (Year)

7. Birth date of deceased... Nov. 30 1866
 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 6 If less than one day
 hr. min.

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

10. Usual occupation... Wagon Maker

11. Industry or business...
 12. Name... Wm Dennis
 13. Birthplace... Mo
 14. Maiden name... D.K.
 15. Birthplace... Mo

16. (a) Informant... Record

(b) Address... Removal

17. (a) (b) Date thereof... 4-8-43
 (Month) (Day) (Year)

(c) Place: burial or cremation... Columbia Mo

18. (a) Signature of funeral director... J. G. Roberts

(b) Address... Columbia Mo

19. (a) 4-8 1943 (b) Jose Morosukhoff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Pettis
 (c) City or town... Sedalia
 (d) Street No... County
 (e) Citizen of foreign country? (Yes or No) 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... April day... 6
 year... 1943 hour... 8-10 minute... 10 M.

21. I hereby certify that I attended the deceased from... 3/3/43, 19... to... 4/6/1943
 that I last saw him... 1/14/1943... alive on...
 and that death occurred on the date and hour stated above.

Immediate cause of death...
 Due to... Pneumonia
 Due to... Pulmonary Thrombosis
 Other conditions... Popliteal Thrombosis
 Major findings: Of operations... 111a
 Of autopsy...
 Duration... 4 wks
 3 weeks

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?.....
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place).....
 (a) Means of injury... 0
 23. Signature... George W. Reus (M. D. or other) MS
 Address... Callaway Mo Date signed... 4/5/43

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

MOTHER FATHER

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.