

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6565**

FILED MAR 15 1944

Registrar's No. **207**

Registration District No. **272**

Primary Registration District No. **1000**

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: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 months 12 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Washington (b) County 999
(c) City or town Tacoma 45
(If outside city or town limits, write "RURAL") 0
(d) Street No. Not given
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Elva Juliet Dennis

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased Sept. 25, 1899
(Month) (Day) (Year)

8. AGE: Years 44 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Patrick Dunford

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

14. Maiden name Clara Roney

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

16. (a) Informant Mrs. Clara Dunford

(b) Address 814 Garden St.

17. (a) Burial (b) Date thereof Feb. 17, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cem.

18. (a) Signature of funeral director Chas. Mortimer
(b) Address 5025 King Hill Ave. St. Joseph, MO.

19. (a) 2-17-44 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1944 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from Nov 1 - 43
_____ 19____ to Feb. 12 1944
that I last saw her alive on Feb 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Carcinoma of bladder

Due to Carcinoma of intestines

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

Major findings: Of operations H&P

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? _____

(Specify type of place) While at work _____

23. Signature: D. B. McSpeth (M. D. or other) _____

Address St. Joseph, Mo. Date signed 2/17/44

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(Licensed Embalmer's Statement on Reverse Side)

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. W. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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, fact should be so stated above.