

No. 2  
9-4-41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED FEB 4 1946

STANDARD CERTIFICATE OF DEATH

3061

State File No.

Registrar's No.

Registration District No. 162

Primary Registration District No. 5595

B 11

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town RURAL ROCK TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
NEAR BARNHART, Mo. 1  
(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 YEARS.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON 50  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. NEAR BARNHART Mo 1  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE AUGUSTUS 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 WIDOWED

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

7. Birth date of deceased. DECEASED AUG 4 1852  
(Month) (Day) (Year)

8. AGE: Years 93 Months 4 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace NEW YORK N. Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business PRINTER

12. Name JOHN BALL DENNIS

13. Birthplace NEW YORK N. Y.  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant MR G. D. LEARNED

(b) Address PEVELEY Mo.

17. (a) BURIAL (b) Date thereof JAN 7 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SANDY CEMETERY

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address NIMMSWICK Mo.

19. (a) 1-6-46 (b) Phil J. Turk  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from found  
dead in his bed \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Product of injury  
cause to this death  
by natural causes  
Probabilities of Superimposed

Due to of old age

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of autopsy None 16 vol  
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) None  
(b) Date of occurrence Probably about Dec 16 1940  
(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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature W. B. Edwards (M. D. or other) \_\_\_\_\_  
Edgar Hill Mo Date signed 1/3/46

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 2-2-46

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 Arthur W. Healyton

Licensed Embalmer No. 3872

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.