V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37273

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 371

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 yr. 10 mo. 6 days (Specify whether
In this community 24 yr. 10 mo. 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis 14
(c) City or town La Belle 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME ELLA DENNIS
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 7 (Day) 1877 (Year)

8. AGE: Years 70 Months 3 Days 11 If less than one day hr. min.

9. Birthplace La Belle (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Governess
11. Industry or business —
FATHER
12. Name J. C. Dennis
13. Birthplace DK (City, town, or county) Kentucky (State or foreign country) 1
MOTHER
14. Maiden name Ellen Jones
15. Birthplace Madison Co. (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant State Hospital No. 1 Records
(b) Address Fulton, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10 22 47 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Mo
18. (a) Signature of funeral director J. B. Roberts
(b) Address Columbia Mo
19. (a) 10-22-1947 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1947 hour 7:00 minute A M.
21. I hereby certify that I attended the deceased from December 1, 1946, to October 18, 1947; that I last saw her alive on October 17, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death) arteriosclerosis and hypertension	
Major findings: Of operations	
Of autopsy 61	

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? — (e) Means of injury 0
23. Signature Dr. R. P. Price M.D. by Dr. Wayne Glaffey M.D. (M. D. or other)
Address Fulton, Missouri Date signed 18 Oct 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
NOV 19 1947
Date Filed

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.