~~Dr. H. Silsby~~

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15987

FILED JUN 1 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 404

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield (If outside city or town limits, write "RURAL") 9

(d) Street No.: 946 E. Delmar (If rural, give location) 6

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Robert Lee Dennis

3. (b) If veteran, name war: World War # 2

3. (c) Social Security No.: 0

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: January (Month) 20 (Day) 1925 (Year)

8. AGE: Years 23 Months 3 Days 24 If less than one day hr. min.

9. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Insurance

11. Industry or business: Equitable Life Ins. Co.

FATHER
12. Name: B. Arthur Dennis
13. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Alice McKee
15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: B. Arthur Dennis

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/16/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Eastlawn

18. (a) Signature of funeral director: H.H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) 5-16-48 (Date received local registrar) (b) W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1948 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from april 10, 1948, to april 14, 1948 that I last saw him alive on april 14 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	2 days
Due to: Carcinomatosis, liver and lungs secondary to carcinoma	3 mos
Due to: of rt testicle	
Other conditions (Include pregnancy within 3 months of death): 0	

Major findings: Of operations 2-13-48 Removal of right testicle for Carcinoma of high grade malignancy. Of autopsy 0

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? ✓

While at work? (Specify type of place) (e) Means of injury 0

23. Signature: Don J. Silsby (M. D. or other) MD

Address: Springfield, Mo. Date signed 5-15-48

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 6 1948

DEC 3 1949

JUL 2 1948

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.