FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25486

Primary Registration District No. 1000

Registrar's No. 859

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: 108 East Highland, Ave.
(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: 31 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 108 East Highland Ave. 7
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME: Mary Jane Dennis

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Alexander C.

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

7. Birth date of deceased: July (Month) 9 (Day) 1868 (Year)

8. AGE: Years 80 Months 1 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace: Hickory County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business .....

MOTHER FATHER

12. Name: Benz Wesley Hall

13. Birthplace: Unk (City, town, or county) Tenn. (State or foreign country)

14. Maiden name: Francis E. Greathouse

15. Birthplace: Unk. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Aura Parks

(b) Address: 108 E. Highland, St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Cross Timbers, Mo.

18. (a) Signature of funeral director: Stamey Funeral Home

(b) Address: St. Joseph, Missouri

19. (a) Aug. 16, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) E.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 12, 1948 to August 11, 1948 that I last saw her alive on Aug. 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 days
Due to: Senility, H.B.P.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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 .....

23. Signature: J. R. Elliott (M. D. or other)

Address: 801½ Francis St. Joseph, Mo. Date signed: Aug 12, 1948

Jefferson City Printing Co.

(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 Charles M. Farma

Licensed Embalmer No. 4487

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.