

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14178
Do not use this space.

1. PLACE OF DEATH

(a) County BATES Registration District No. 58
(b) Township Pleasant Gap Primary Registration District No. 58920 Registered No. _____
(c) City _____ (d) Street No. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

520 George Washington Dennis
(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Cartwood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1876
7. AGE YEARS 62 MONTHS 9 DAYS x x If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
FATHER 13. NAME P. Dennis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
MOTHER 15. MAIDEN NAME E. Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
17. INFORMANT (ADDRESS) Mrs. A. B. Smith
Mount view mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE May 7 1939
19. FUNERAL DIRECTOR (ADDRESS) Frank Lee
Aspeckton City mo
20. FILED _____ 19. X _____
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1939
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ p. m.
The principal cause of death and related causes of importance were as follows:
Found dead in his field following accident with his tractor.
Date of onset _____
Other contributory causes of importance: J. D. N. M.
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/4 1939
Where did injury occur? Butler, Bates Co. Mo. R# 6
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On his farm
Manner of injury Tractor accident
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____
(Signed) Bellie H. Smith, M. D.
Coroner, Bates Co.
59 (Address) Rich Hill Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im

STATEMENT BY LICENSED EMBALMER

I, Frank Lee, Licensed Embalmer No. 1094

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. on the May 4, 1939

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

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.)

Vertical text on the right edge of the page, partially cut off.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

14178
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 38
(b) Township Pleasant Gap Primary Registration District No. 3092
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 2

2. PRINT FULL NAME

George Washington Dennis
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Chitwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 9 - -

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

FATHER
13. NAME D. P. Dennis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME E. J. Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs A. B. Smith
Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE May 7 1939

19. FUNERAL DIRECTOR (ADDRESS) Trapp Lee
Appleton City Mo

20. FILED June 3 1939 J. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him alive on _____ P., 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Found dead in his field following accident with tractor

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Rollin H. Smith M. D.

(Address) Rich Hill - Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

TEMPLE

