

MAY 13 1940
Registration District No. **318**

Primary Registration District No. **2001**

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. Joseph Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 1 week
(Specify whether) _____
In this community 8 years
years, months or days) _____

3. (a) PRINT FULL NAME LOUISA ANIS DENNIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ray Dennis 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased May 3 1891
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Manassas Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife 5

11. Industry or business

12. Name John Rippee 0
13. Birthplace Manassas Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anis Newton
15. Birthplace Manassas Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gay Dennis
(b) Address 1230 N. Broadway Springfield Mo.

17. (a) Burial (b) Date the body was disposed of April 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manassas Mo.

18. (a) Signature of funeral director W. C. Lawrence

(b) Address Springfield Mo.

19. (a) 4-17-40 (b) W. B. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1230 N. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1940 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Dec 35 to Apr 14 1940
that I last saw her alive on Apr 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Old Valvular Heart Disease
Myocardial infarct

Other conditions: Influenza
(Include pregnancy within 6 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? 944

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature James E. Berry M.D. (M. D. or other) _____
Address Springfield Mo Date signed Apr 16 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JUL 8 1942

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 *R. H. Meine*
Licensed Embalmer No. *3681*
P. O. Address *Springfield 76*

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, above space should be left blank.