DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MED SEP 23 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27848

Registration District No. 26 — Primary Registration District No. 5034 — Registrar's No. 108

**1. PLACE OF DEATH:**

(a) County Audrain Mo. Salt

(b) City or town ~~Mexico Mo.~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ 2 (Specify whether years, months or days)

In this community 1 week

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Howard

(c) City or town ~~Howard Co.~~ (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. ANNA BELLE DENNIS

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Tom DENNIS

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

7. Birth date of deceased Sept. (Month) 15 (Day) 1869 (Year)

8. AGE: Years 70 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Howard Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Home Makes

11. Industry or business

FATHER
12. Name Nathaniel Robb
13. Birthplace Howard Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Leslie
15. Birthplace Boone Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. V. J. Kelley
(b) Address Mexico Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Log Chapel - Howard Co. Mo.

18. (a) Signature of funeral director McPherson Bros.
(b) Address Mexico Mo.

19. (a) Aug 22-1940 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 21 year 1940 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from Aug 21 1940, 19 to Aug 21, 1940 that I last saw her alive on Aug 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertention

Due to

Other conditions (Include pregnancy within 3 months of death) 94 B

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature J. Frank Jolley (M. D. ~~or other~~) MD
Address Mexico Mo. Date signed 8/22/40

(Licensed Embalmer's Statement on Reverse Side)

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

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 very important.

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RECEIVED
District Health Officer No. 10
District File Number 9-40-1754
Date Filed SEP 10 1940

**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 Roy McPhillips

Licensed Embalmer No. 1133

P. O. Address Mayres Md

**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.**