No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31535

Registration District No. FILED OCT 23 1940 Primary Registration District No. 5131 Registrar's No. 301

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural [illegible]
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 14 years 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Old Highway 67 North
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Preston Dennis
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zettie Dennis
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased August 29, 1881 (Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Rombauer (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation P.B.Golf course keeper 9
11. Industry or business 1
FATHER
12. Name George Dennis
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Vilanta Wolf
15. Birthplace Kankee (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Rev. W.M.Mangam
(b) Address Dexter, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6,1940 (Month) (Day) (Year)
(c) Place: burial or cremation Hamtown Cemetery
18. (a) Signature of funeral director Greer-Croy 0 1
(b) Address Poplar Bluff, Missouri
19. (a) Oct 14,1940 (Date received local registrar) (b) O. C. Cutsinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1940 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept 5 1940 ~~Oct~~, 1940, to Oct 4, 1940;
that I last saw him alive on Oct 2 1940, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration unknown
Due to myocarditis c̄ dilatation
Due to Asthma cardiac
Other conditions (Include pregnancy within 3 months of death) 93A
Major findings:
Of operations
Of autopsy none

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

23. Signature B J Macauley (M. D. or other) 1
Address Poplar Bluff Mo Date signed 10-7-40

(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 B.J.Brenslinger, Registered Apprentice No. 208 working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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

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