2
0-39
39
21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32632

Registration District No. 589 Primary Registration District No. 5787 B Registrar's No. 28

1. PLACE OF DEATH:

(a) County Montgomery Bear Creek

(b) City or town Bellflower 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
In this community 12 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Bellflower
(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 Dennis R. River

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 13th 1939
(Month) (Day) (Year)

8. AGE: Years I Months I Days 3 If less than one day hr. min.

9. Birthplace Bellflower (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation home 0

11. Industry or business 0

FATHER
12. Name Louis River
13. Birthplace Truxton Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margrette Bryant
15. Birthplace Callaway Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Louis River
(b) Address Bellflower Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/40 (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) Sept. 18-1940 (Date received local registrar) (b) Mary Lou Fleener (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th
year 1940 hour 8 minute 00 A M.

21. I hereby certify that I attended the deceased from Sudden Death 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Status Thymico Lymphaticus — Duration Sudden

Due to Choking & Pulmonary Edema

Due to

Other conditions
(Include pregnancy within 3 months of death)

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

23. Signature E. J. T. Anderson M.D. (M. D. or other) M.D.
Address Montgomery City Date signed 9/16/40

(Licensed Embalmer's Statement on Reverse Side) Coroner's Case

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 on the 1 day of Sept 1940, Registered Apprentice No. ..... working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

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

If this body is not embalmed, above space should be left blank.