

11-10-39  
5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3967

State File No. \_\_\_\_\_

Registration District No. 29

Primary Registration District No. 4434

Registrar's No. 3

88  
88  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Cairo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 65 Years (years, months or days)

3. (a) PRINT FULL NAME Edwin Henry Dennis

8. (b) If veteran, name war None 8. (c) Social Security No. None

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 December, 7, 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William R. Dennis

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Helen L. Converse

15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant A. M. Dennis

(b) Address Cairo Missouri.

17. (a) Burial (b) Date thereof Jan., 27, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eads Chapel

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Missouri.

19. (a) Feb 10 - 41 (b) J. P. Allen  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Cairo  
(If outside city or town limits, write "RURAL")

(d) Street No. None (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26 th  
year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 10 1940 to Jan 26 1941  
that I last saw him alive on Jan 26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Smile Anemia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) Chronic Hepatitis

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? \_\_\_\_\_

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

23. Signature J. P. Allen (M. D. or other) \_\_\_\_\_  
Address Cairo, Mo Date signed Jan 27

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 2-41-462

Date Filed FEB 27 1941

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. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

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.