

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4706

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 5

1. PLACE OF DEATH: Vernon
(a) County Rural (Washington)
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 1 mo. 29 da
In this community Same (Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert B Dennis
3. (b) If veteran, name war. No. None
3. (c) Social Security No. None
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, or widowed M
6. (b) Name of husband or wife Alma J Dennis 6. (c) Age of husband or wife if alive years 22 173
7. Birth date of deceased 12-22-173 (Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 13 If less than one day hr. min.

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

10. Usual occupation Truck driver

11. Industry or business

12. Name Jack B Dennis
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Alma Shields
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Records
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Mo

18. (a) Signature of funeral director Marshall Beckinger
(b) Address Nevada Mo

19. (a) 1-4-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. R. Houck #4 (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 4th year 1941 hour 6 minute a M.

21. I hereby certify that I attended the deceased from November 6th 1939 to Jan 4th 1941; that I last saw him alive on Jan 3rd 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Vascular Lesion

Due to Gen Anterior & Chronic

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Ruptured Aortic Aneurysm

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. A. Stojanovic (M. D. or other)
Address 1-4-41 Nevada Date signed

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

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

2-41-207

2-5-41

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

Marsh Beehinger

Licensed Embalmer No.

IL 36

P. O. Address

Nevada, 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.