

No. 2  
-1-4-41  
5-17-39  
X26390

FILED OCT 30 1941  
Registration District No. 26

Primary Registration District No. 3002

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

4  
1  
2

1. PLACE OF DEATH:

(a) County Audrain

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

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

(d) Length of stay: In hospital or institution 8 days  
(Specify whether years, months or days)

In this community 2 months days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Mexico, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 620 N. Jefferson St.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Virginia Harper Dennis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Glenn Dennis 6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August 11, 1904  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
37	1	25	hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Jesse Downey

13. Birthplace Howard County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Samantha Crump

15. Birthplace Boone County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jesse Downey

(b) Address 813 Alton Ave. Columbia, Mo.

17. (a) Burial (b) Date thereof Sept. 8, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Log Chapel, Howard County Mo

18. (a) Signature of funeral director. Earl T. Pugh

(b) Address Mexico, Mo.

19. (a) October 7-1941 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16  
year 1941 hour 11 minute 2 M.

21. I hereby certify that I attended the deceased from August 14-1941  
to 10-6-1941  
that I last saw her alive on 10-6-1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Nephritis

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

Due to 131a

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

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

23. Signature J. Frank Kelley (M. D. or other) \_\_\_\_\_  
Address Mexico Mo Date signed 10/14/41

OCT 29 1944

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**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.....

**Earl E. Precht**

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Earl E. Precht*

Licensed Embalmer No. **3189**

P. O. Address **Mexico, 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, fact should be so stated above.**