DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

SEP 24 1942 20091

State File No.

Registration District No. 68 Primary Registration District No. 5-266 Registrar's No. 25

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Ozark Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 County, almshouse
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Christian
(c) City or town: Ozark 22
(If outside city or town limits, write "RURAL")
(d) Street No.: Home 0
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Everitt, Dennis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: None

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

7. Birth date of deceased ..... (Month) ..... (Day) 1872 (Year)

8. AGE: Years 70 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace: Saint Knott (City, town, or county) (State or foreign country)

10. Usual occupation: None except Labor

11. Industry or business

MOTHER FATHER

12. Name: Saint Knott

13. Birthplace: Saint Knott (City, town, or county) (State or foreign country)

14. Maiden name: Saint Knott

15. Birthplace: Saint Knott (City, town, or county) (State or foreign country)

16. (a) Informant: Jess Rhodes
(b) Address: Ozark Mo.

17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: Sept. 23 (Month) (Day) 42 (Year)
(c) Place: burial or cremation: Ozark

18. (a) Signature of funeral director: F. B. Chaffin
(b) Address: Ozark Mo.

19. (a) Oct 3 1942 (Date received local registrar) Mrs Nellie Stone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 6, 1942, to Sept 20, 1942, that I last saw him alive on Sept 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Tumor of bladder — Duration: unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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. D. Roper (M. D. or other) M.D.
Address: Ozark, Mo Date signed 9-24-42

Id 17

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1042-1461
OCT 7 1942
Date Filed

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 T. B. Chaffin

Licensed Embalmer No. 2142

P. O. Address Ozark, Mo

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

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

S. N. No. 2B
8-21-41
5-1 329288
PI X

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30091

Registration District No. 66 Primary Registration District No. 5266 Registrar's No. 25

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Ozark
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ernette Dennis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan (Month) 1 (Day) 1871 (Year)
8. AGE: Years 70 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. Day 26 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tumor of bladder - malignant	Uncr
Due to: Prostatic cancer	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 5/P	
Of autopsy	

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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY