

6988

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FIELD FEB 25 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:  
St. Elizabeth  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hrs in Hosp  
(Specify whether \_\_\_\_\_)  
In this community 12 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ralls

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

(d) Street No. RFD No 1  
(If rural, give location)

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

3. (a) PRINT FULL NAME Cortland W Dennis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1943 hour 4:20 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Jan 12  
1943, to Jan 15 1943;  
that I last saw him alive on Jan 15, 1943;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Nettie Justin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 10 1864  
(Month) (Day) (Year)

Immediate cause of death Nephritis  
Uremia

8. AGE: Years Months Days If less than one day

78	1	4	hr. _____ min.
----	---	---	----------------

Due to Hypertrophy of Prostate

9. Birthplace Bell Center Ohio  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer--retired

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

11. Industry or business Own farm and renter

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

MOTHER FATHER { 12. Name David Dennis

Of autopsy \_\_\_\_\_

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

137a

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

MOTHER FATHER { 14. Maiden name Emily Stone

22. If death was due to external causes, fill in the following:

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

16. (a) Informant's own signature David Murphy

(b) Date of occurrence \_\_\_\_\_

(b) Address Center, Mo

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

17. (a) Burial (b) Date thereof Jan 16 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

(c) Place: burial or cremation Pleasant Grove

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

18. (a) Signature of funeral director Richard Hume

23. Signature E. T. Severn (M. D. or other) Do.  
Address Perry Mo Date signed 1-16-43

(b) Address Center Mo

19. (a) 1/18/43 (b) Richard Hume  
(Date received local registrar) (Registrar's signature)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10-31837-17-33  
Rev. 1-1-41

---

---

**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.....

*George M. Hume*

Licensed Embalmer No. 3556

P. O. Address City, 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.**