V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10751

Registration District No. 183 | Primary Registration District No. 5685 | Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: Laredo (Rural) Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no
(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: Life (master)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Linn

(c) City or town: Laredo (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No.: Jackson Twp
(If rural, give location)

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

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3. (a) PRINT FULL NAME: JOSEPH DENNIS

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: M

5. Color or race: White

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

6. (b) Name of husband or wife: Elizabeth King Dennis

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

7. Birth date of deceased: April (Month) 22 (Day) 1850 (Year)

8. AGE:

Years	Months	Days	If less than one day
92	11	4	hr. min.

9. Birthplace: England 4
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: Joseph Dennis
13. Birthplace: England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Judge
15. Birthplace: England 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Linden Dennis
(b) Address: Laredo Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Galt Mo

18. (a) Signature of funeral director: P K Payne & Son
(b) Address: Galt Mo

19. (a) April 1-1943 (Date received local registrar) (b) Mrs C C Woody (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 26
year: 1943 hour: 6 minute: 15 P.M.

21. I hereby certify that I attended the deceased from 3-12-1943 to 3-26-1943
that I last saw him alive on 3-26-1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chronic — Duration: 7

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): G3d

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: H. C. Weston M.D. (M. D. or other)
Address: Galt, Mo. Date signed: 3-27-43

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(Licensed Embalmer's Statement on Reverse Side)

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 P K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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

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