

Registration District No. 295

Primary Registration District No. 6014

1. PLACE OF DEATH:

(a) County RANDOLPH  
(b) City or town Rural, Montevideo Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME DAVID J. DENNIS

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife MARQUETTA DENNIS 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased MARCH 23 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 3 19 hr. min.

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

10. Usual occupation Farming

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

12. Name WILL DENNIS

13. Birthplace not known 9  
(City, town, or county) (State or foreign country)

14. Maiden name SUSAN A. JACKSON

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

16. (a) Informant Marquetta Dennis

(b) Address Highway Mo

17. (a) Burial (b) Date thereof 7-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, Highway

18. (a) Signature of funeral director J. S. Miller

(b) Address Highway Mo

19. (a) 7-15-43 (b) Mrs. P. Dreyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1943 hour 20 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 20 1943 to June 15 1943

that I last saw him alive on June 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Accumulation of stomach

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

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

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

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

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

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) (a) Means of injury \_\_\_\_\_

23. Signature P. Dreyer (M. D. or other) DO

Address Highway Date signed 7/5/43

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

MOTHER FATHER

**RECEIVED**

District Health Officer No. 10

District File Number

8-43-1385

Date Filed

AUG 11 1943

**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.....

*E. W. Fremont*

Licensed Embalmer No. ....

3978

P. O. Address

*Slasgow, 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.