

FILED JAN 10 1943

3038

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(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 2 years (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Brookfield
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Jefferson C. Dennis

3. (b) If veteran, name was Spanish-American

3. (c) Social Security None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 24, year 1943, hour 7, minute 0 M.

21. I hereby certify that I attended the deceased from Dec 12, 1943, to Dec 23, 1943; that I last saw him alive on Dec 23, 1943; and that death occurred on the date and hour stated above.

4. Sex Male, Color or race White

5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary R Dennis

6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased July 15, 1861
(Month) (Day) (Year)

Immediate cause of death Pneumonia

Due to Pneumonia

Duration 10 days

Physician Dr. J. W. ...

8. AGE: Years 82, Months 5, Days 9
If less than one day _____ hr. _____ min.

9. Birthplace Independence, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired on War Pension

MOTHER FATHER

11. Industry or business _____

12. Name Lee Dennis

13. Birthplace No data?
(City, town, or county) (State or foreign country)

14. Maiden name No data?

15. Birthplace No data?
(City, town, or county) (State or foreign country)

Major findings: 107

Of operations _____

Of autopsy _____

16. (a) Informant Mrs. J. C. Dennis

(b) Address Millar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Millar, Mo. Oakwood Cem.

18. (a) Signature of funeral director George ...
(b) Address Millar, Mo. Frank D.

19. (a) 12-28-43 (Date received local registrar) (b) J. W. ... (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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)

(e) Means of injury _____

23. Signature Roy H. Haley (M. D. or other) MD

Address Brookfield Date signed 12/24/43

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

JAN 24 1944

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.....

Frank D. Schoen

Licensed Embalmer No. *2916*

P. O. Address *Milan, 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.