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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1944

Registration District No. 187

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3038

State File No. 7656

Registrar's No. 293

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: McLarney Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 58

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

(c) City or town: Linneus, (Rural)
(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: Henry Benton Dennis

3. (b) If veteran, name war: XXXXX

3. (c) Social Security No.: XXXXX

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Nora Elma Dennis

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: January (Month) 1 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
63	1	3	hr. min.

9. Birthplace: Grundy Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: Farm

FATHER
12. Name: John Dennis
13. Birthplace: XXXXXX (City, town, or county) Vermont (State or foreign country)

MOTHER
14. Maiden name: Rachael Pridemore
15. Birthplace: XXXXXXX (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Nora Elma Dennis

(b) Address: Linneus, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/1944 (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Linneus, Mo.

18. (a) Signature of funeral director: Thorne Undt Co.

(b) Address: Linneus, Mo. (D. H. Taylor)

19. (a) 2-9-1944 (Date received local registrar) (b) W W Lomax (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd year 1944 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 10 1944, 19.. to Feb 3rd 1944, that I last saw him alive on Feb 3rd. 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis	Duration
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 2

23. Signature: D. B. Willis (M. D. or other)

Address: Linneus, Missouri 2/5 Date signed

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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 Dorr A. Zaylor

Licensed Embalmer No. 3761

P. O. Address Linneus, Missouri

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

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