

S. No. 2  
OM-5-42  
ev. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CRNSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21745

State File No. ....

FILED JUN 28 1944  
Registration District No. 1906

Primary Registration District No. 2001

Registrar's No. 298

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
In this community All life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL.") 5  
(d) Street No. 202 No. Sargeant  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country A

3. (a) PRINT FULL NAME Brose A. Dennis

3. (b) If veteran, name war ..... 3. (c) Social Security No. NONE

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased April 5, 1878  
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Ike Dennis  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Harrison  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. C.B. Rogers  
(b) Address 318 Sargeant, Joplin, Mo.

17. (a) Burial (b) Date thereof 6-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Missouri

19. (a) 6-15-44 (b) Geatney S. S. S. S. S.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13  
year 1944 hour 6:15 P. M. minute ..... M.

21. I hereby certify that I attended the deceased from Feb 1943 to June 13 1944  
that I last saw him alive on June 13, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Intestinal Tuberculosis  
Duration

Due to .....  
Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a  
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature McCrow (M: D. or other)  
Address Joplin, Mo Date signed June 15 1944

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

44-6-500

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. 365  
working under my personal supervision.

Signed *Terry K. Hurlbut*

Licensed Embalmer No. 959

P. O. Address *Joplin, 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.