

St. Walter 31458

FILED OCT 9 1944

Registration District No. 279

Primary Registration District No. 3052

425

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

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 HRS.
In this community LIFE
years, months or days (Specify whether)

3. (a) PRINT FULL NAME KENNETH ALVIN DENNIS
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex MALE 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 2 - 7 - 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 20 hr. min.

9. Birthplace SEDALIA MO. U
(City, town, or country) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____
12. Name LESTER C. DENNIS
13. Birthplace SALINE Co. Mo. U
(City, town, or country) (State or foreign country)
14. Maiden name EVELYN ANN RYMER
15. Birthplace SEDALIA Mo. U
(City, town, or country) (State or foreign country)

16. (a) Informant MRS LESTER C. DENNIS
(b) Address SEDALIA

17. (a) BURIAL (b) Date thereof 10-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director GILLESPIE
(b) Address SEDALIA

19. (a) 9/30/44 (b) Dora Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS MO
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 608 N. PROSPECT
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 27TH
year 1944 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from Sept 23
1944 to Sept 27 1944
that I last saw him alive on Sept 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Intra cranial injury
Due to Fall on porch steps

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) Accident 134
(b) Date of occurrence Sept 21 - 1944
(c) Where did injury occur? Sedalia Pettis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
About home

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

23. Signature A. L. Walter (M. D. or other) MO
Address Sedalia Mo Date signed 9-21-44

Duration 6 da
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-6-47

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 *L. E. Bonleu*

Licensed Embalmer No. *9867*

P. O. Address *Sealain 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.