

FILED JUL 9 1945
Registration District No. 280

Primary Registration District No. 5962

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Rural Marshall Township
(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 none
(Specify whether _____)

In this community one year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

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

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

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

3. (a) PRINT FULL NAME William Oliver Dennis

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1945 hour 4 minute 25 a.m.

4. Sex male 5. Color or race white

6. (a) Name of husband or wife Minerva A. Sisco

6. (b) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 11 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 30 1945 to May 31 1945;
that I last saw him alive on May 30 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis Duration _____

8. AGE: 67 Years Months 7 Days 20
If less than one day _____ hr. _____ min.

Due to Heart Failure

Due to _____

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Samuel W. Dennis

13. Birthplace Douglas Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mitilda Sisco

15. Birthplace Douglas Co. Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Albert Dennis

(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof June 2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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? _____

18. (a) Signature of funeral director Weston, Missouri

(b) Address _____

19. (a) June 4-45 (b) Mrs. Clay Rippee
(Date received local registrar) (Registrar's signature)

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

23. Signature E. R. Scull (M. D. or other) _____
Address Windsor Point, Mo. Date signed June 4 1945

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

MOTHER FATHER

SEP 4 1945

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 W. R. Jough

Licensed Embalmer No. 4023

P. O. Address Weston, 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.