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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28671

State File No.

68

Registration District No. 337

Primary Registration District No. 4497

Registrar's No.

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Clarence  
(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 1 Year  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby / 63  
(c) City or town Clarence /  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Clarence E Dennis

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 13th years  
7. Birth date of deceased May 13th 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 2 29 hr. min.

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

10. Usual occupation Retired

11. Industry or business Farming

12. Name Rufus Dennis

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

14. Maiden name Laura Belle Pierce

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

16. (a) Informant Mrs Harry Thompson

(b) Address Clarence Mo

17. (a) Burial (b) Date thereof 8/14/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence Mo.

18. (a) Signature of funeral director Million & Barkelew

(b) Address Clarence Mo

19. (a) Aug 30 45 (b) Margaret Good  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th  
year 1945 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from August 10 1945 to Aug. 12 1945;  
that I last saw him alive on Aug. 12 1945;  
and that death occurred on the date and hour stated above,  
Immediate cause of death Chronic Bright's Disease

Duration

10 years

Due to acute mitral stenosis 3 hours

Due to acute Pulmonary congestion 2 days

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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature Dr. B. L. Edrington (M. D. or other) D.O.  
Address Clarence, Mo. Date signed Aug. 14, 1945

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

1095

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-45-1367

Date Filed SEP 5 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

*Derry Buckle*

Licensed Embalmer No.

3835

P. O. Address

*Shelburne Vt.*

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.