S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34763

State File No.

Registration District No. 324 Primary Registration District No. 6-92 Registrar's No. 149

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Rural marshall
(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 (Specify whether years, months or days)
In this community 55 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Marshall, Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucy Alice Botts Dennis
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Austin Dennis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) Ist (Day), I857 (Year)

8. AGE: Years 87 Months I0 Days I0 If less than one day hr. min.

9. Birthplace Pettis county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business

MOTHER FATHER
12. Name William Botts
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Emily Carrington
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant [illegible]
(b) Address Marshall, Mo. Rural
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. I4, I945 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park cemetery
18. (a) Signature of funeral director Campbell-Lunn
(b) Address Marshall, Mo.
19. (a) 11-22-45 (Date received local registrar) (b) Mrs T. O. Wallace (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th year 1945 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from Oct 10, 1945 to Oct 11, 1945 that I last saw he alive on Oct 11, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	24 hr
Due to:	
Due to: Hypertension	3 yr
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
23. Signature [illegible] (M.D. or other)
Address Date signed 10/12/45

1215 (Licensed Embalmer's Statement on Reverse Side) [illegible]

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 11-8-42

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 R. O. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.