

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

41296

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 11 1948

Registration District No. 131

Primary Registration District No. 54691242

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Sturdy

(b) City or town Spickard
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sturdy

(c) City or town Spickard
(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 Zetta Ann Dennison

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 4 45
..... 19..... to Dec 6..... 19.....
that I last saw him alive on Dec 6..... 19.....
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Feb 18 1862
(Month) (Day) (Year)

Immediate cause of death
Influenza
Due to followed by severe heart attack
Due to

Other conditions
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

83 9 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name David Thompson

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

14. Maiden name Helen Rhea

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

16. (a) Informant Mrs. Vester Moore
(b) Address Spickard Mo.

17. (a) Burial (b) Date thereof Dec 9-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem Spickard Mo

18. (a) Signature of funeral director Scholar funeral Home
(b) Address Spickard Mo

19. (a) Dec 9-1945 (b) Mrs. Nathan Cooper
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations 336

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 E. W. Evans (M. D. or other).....
Address Spickard Mo Date signed 2-6-48

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

1617

(Licensed Embalmer's Statement on Reverse Side)

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..... *Ross Wise*
Licensed Embalmer No. *3971*
P. O. Address. *Spickard 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.