S. No. 2
M—2-43
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X35697

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

DISTRICT

DEPARTMENT OF COMMERCE
Bureau of Vital Statistics

FILED JAN 1 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40315

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH:

(a) County: Grundy

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

(c) Name of hospital or institution: 601 Jefferson (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: 79 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Grundy

(c) City or town: Trenton (If outside city or town limits, write "RURAL")

(d) Street No.: 601 Jefferson (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: Charles Benjamin Dennis

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: M.O.

5. Color or race: W

6. (a) Single, (widowed), married, divorced ____

6. (b) Name of husband or wife: Martenia Knight

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

7. Birth date of deceased: July (Month) 7 (Day) 1864 (Year)

8. AGE: Years 82 Months 5 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace: Salkina (City, town, or county) Ky. (State or foreign country)

10. Usual occupation: Pharmacist

11. Industry or business ____

MOTHER FATHER

12. Name: Alexander Campbell Dennis

13. Birthplace: Mercer (City, town, or county) Ky. (State or foreign country)

14. Maiden name: Margaret Bennell

15. Birthplace: ____ (City, town, or county) Ky. (State or foreign country)

16. (a) Informant: Dulcie Merryman

(b) Address: 1320 Cedar Daughter

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Grove

18. (a) Signature of funeral director: Chas D. Lipson

(b) Address: Trenton, Mo.

19. (a) 12-18-46 (Date received local registrar) (b) Irene Zaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1946 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 1, 1946, to Dec 16, 1946 that I last saw him alive on Dec 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis — Duration: 2 yrs

Due to ____

Due to ____

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: E. A. Duffy (M. D. or other)

Address: Trenton Mo. Date signed ____

115 (Licensed Embalmer's Statement on Reverse Side) E. A. Duffy

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Maurice Oyler

Licensed Embalmer No. 4442

P. O. Address Trenton, 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.