No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 26792

Registrar's No. 1062

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 407½ Edmond St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: * (Specify whether
In this community: About 9 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 407½ Edmond St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME: Milo Finley Dennis

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: 491-10-9122

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Emma

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

7. Birth date of deceased: November (Month) 9 (Day) 1874 (Year)

8. AGE: Years 72 | Months 9 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace: Modale (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business: Unknown

MOTHER FATHER

12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: Welfare Board
(b) Address: 10th & Olive St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sep't. 4, 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Herman W. Siebenfuehrer
(b) Address: 1802 Union St. St. Joseph, Mo.

19. (a) 9-5-47 (Date received local registrar) (b) E. C. Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1947 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Viewed Aug 31st, 1947, to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: B. W. Tadlock Jr. Coroner (M. D. or other)
Address: King Hill Bldg. St Joseph Mo Date signed 9/2 47

Jefferson City Printing Co.

(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 Max W. Kirkendall Registered Apprentice No. 86 working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.