

S. No. 2
OM-5-43
v. 5-17-39
1 X36671

FILED OCT 20 1947

Registration District No. **132**

Primary Registration District No. **4209**

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Mt. Moriah
(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 20 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Millie Dennis

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

4. Sex Female / 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 _____ years

7. Birth date of deceased Sept. 24 1876
(Month) (Day) (Year)

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

70 11 27 hr. _____ min.

9. Birthplace Harrison Co., Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Jack Wright 9

13. Birthplace Unknown _____ (State or foreign country)

14. Maiden name Rachel Bears _____

15. Birthplace Unknown _____ (State or foreign country)

16. (a) Informant Merle Hamilton

(b) Address Mt. Moriah, Mo.

17. (a) Burial (b) Date thereof 9-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Ceme.

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) Sept 25-47 (b) Zola Berry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison 41

(c) City or town Mt. Moriah 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21st
year 1947 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from May 19
1947 to Sept 21st 19 47
that I last saw her alive on Sept 21st 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus 470
Direction _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations (61)

Of autopsy _____

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 _____ 0

23. Signature Ed Sellers (M. D. or other) 0
Address Mt Moriah Date signed 9/23/47

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

H. Evan Martin

Licensed Embalmer No.

3768

P. O. Address

Puncheon, 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.