

S. No. 2
M-5-43
v. 5-17-39
I X36671

State File No.

FILED NOV 25 1947
Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

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

1. PLACE OF DEATH

(a) County Greene
 (b) City or town Trenton
 (c) Name of hospital or institution 134 S. Main
 (d) Length of stay: In hospital or institution 1
 In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Greene
 (c) City or town Jacinto
 (d) Street No. 134 S. Main
 (e) Citizen of foreign country? No
 If yes, name country 0

3. (a) PRINT FULL NAME ROBERT ALEXANDER DENNIS
 (b) If veteran, name war no
 (c) Social Security No.
 (d) Sex mo (e) Color or race w
 (f) (a) Single, widowed, married, divorced wid
 (b) Name of husband or wife (c) Age of husband or wife if alive 17 years (Day) (Year) 1874

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1947 hour 5:30 minute AM M.
 21. I hereby certify that I attended the deceased from June 16, 1947, to Oct 8, 1947, that I last saw him alive on Oct 2, 1947; and that death occurred on the date and hour stated above.
 Immediate cause of death Cardio-vascular
Renal disease Duration 2 yr.

8. AGE: Years 73 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0
 10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Delaudes Dennis
 13. Birthplace Ky
 14. Maiden name Margaret Bennell
 15. Birthplace Scott Knov

16. (a) Informant Mrs H T Dennis
 (b) Address 134 S. Main Trenton
 17. (a) Burial (b) Date thereof Oct 6, 1947
 (c) Place: burial or cremation St. Mary's, Kansas

18. (a) Signature of funeral director Chas. H. Lips
 (b) Address Trenton Mo
 19. (a) 10-6-47 (b) J. Gene Fair
 (Date received local registrar) (Registrar's signature)

Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: 9729
 Of operations
 Of autopsy
 PHYSICIAN

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?
 (e) While at work? (Specify type of place) (e) Means of injury 0
 23. Signature E. A. Duffly (M. D. operator) 0
 Address Jacinto Mo Date signed Oct 3

JUL 2 1948

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..... *Charles G. Eason*
Licensed Embalmer No..... *3109*
P. O. Address..... *Lentz, 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.