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 JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3635

Registration District No. 324 | Primary Registration District No. 6086 | Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. 2 (Salt Fork Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 48 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline 97
(c) City or town: Marshall 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 2 Rural
Salt Fork Twp. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Florence Ethel 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: Married
6. (b) Name of husband or wife: James H. Dennis
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: Sept. 27 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	4	6	hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
FATHER
12. Name: George B. Lasley
13. Birthplace: Lebanon (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name: Mary Jane York
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. Florence G. Heiman
(b) Address: Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ridge Park Cemetery
18. (a) Signature of funeral director: Leslie Surrey
(b) Address: Marshall, Mo.
19. (a) Jan. 5 -1948 (Date received local registrar) (b) Sidney T. Bay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3 year 1948 hour 7:30 minute A.M.
21. I hereby certify that I attended the deceased from Dec 20 1947 to Jan 3 1948 that I last saw he alive on Dec 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	3 yrs.
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: (M. D. or other)
Address: Marshall Date signed 1/6/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-15-48

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 J. Leslie Sussney
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.