S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5351

FILED MAR 3 1948

Registration District No. 176 Primary Registration District No. 563 SE Registrar's No. 22

53
0
0

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Phillipsburg R#1
(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 ..... (Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Phillipsburg 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #1 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Isam Hardin Dennis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Frances
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Jan. (Month) 14 (Day) 1860 (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	1	3	..... hr. ..... min.

9. Birthplace Laclede Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name Samuel Dennis /
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Blankenship
15. Birthplace Tenn (City, town, or county) (State or foreign country) /
16. (a) Informant Virgil Dennis
(b) Address Phillipsburg R#1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation White Oak Pond
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.
19. (a) 2/27/48 (Date received local registrar) (b) Lewis B Lynly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1948 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan. 2 1947 to Feb. 17 1948
that I last saw him alive on Feb 16 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to	
Due to	
Other conditions Chronic nephritis (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) 0
While at work? (e) Means of injury
23. Signature J. F. Summer (M. D. or other) MD
Address Lebanon Mo Date signed 2/19/48

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

Received 3/2/48

Laclede County Health Unit

File No. 3-48-29

Date Filed 3/2/48

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.