FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 22 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Fitch

State File No. 12243

Registrar's No. 324

Primary Registration District No. 5465

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural (N. CAMPBELL TOWNSHIP)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route # 2 Springfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME George F. Dennis

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josie Dennis

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

7. Birth date of deceased March (Month) 27 (Day) 1870 (Year)

8. AGE: Years 78 Months 0 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Greene County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Benjamin F. Dennis
13. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Margaret Smith
15. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Warren G. Dennis
(b) Address Rt. # 2 Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 4-16-48 (Date received local registrar) (b) W E Hardley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 1948 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from Feb 1, 1948, to Apr 14, 1948 that I last saw him alive on April 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio Renal-Vascular Disease	1 yr.
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 [signature] (M. D. or other) MD

Address Springfield Mo Date signed 4-16-48

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

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

MAY 11 1948

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.