No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27097

FILED AUG 27 1948

Registration District No. 8

Primary Registration District No. 4342

Registrar's No. 15

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

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Jonesburg (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 all of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Montgomery
(c) City or town Jonesburg (If outside city or town limits, write "RURAL") 70
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME Floyd L DENNIS
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 11 (Day) 1875 (Year)

8. AGE: Years 73 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Jasper Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Thomas Dennis
13. Birthplace " Kansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Bailey
15. Birthplace Kansas (City, town, or county) (State or foreign country)
16. (a) Informant Mrs R. L. Patterson
(b) Address Jonesburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesburg
18. (a) Signature of funeral director C. A. Harding
(b) Address Jonesburg Mo
19. (a) 8-23-48 (Date received local registrar) (b) Mrs May Miller (Registrar's signature) NA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 16
year 1948 hour 4 minute P M.
21. I hereby certify that I attended the deceased from July - 2, 1948, to Aug 16, 1948;
that I last saw him alive on Aug 16, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	3 days
Due to Pyelonephritis Rt	7 wks
Due to Bilateral Hydro-nephrosis	?
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to 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 James O. Helm (M. D. or other)
Address New Florence Mo. Date signed 8-17-48

(Licensed Embalmer's Statement on Reverse Side)

Vernon

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed AUG 27 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 Earl A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.