FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27367

Registration District No. 390 Primary Registration District No. 1014 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Higbee Mo Rural
(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 About 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Higbee Mo Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Johnnie Winn Dennis.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
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 Sept. (Month) 18 (Day) 1943 (Year)

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

9. Birthplace Mexico Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation
11. Industry or business
FATHER
12. Name Glen Dennis.
13. Birthplace Howard Co. (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Oleta Adams.
15. Birthplace Madison Mo (City, town, or county) (State or foreign country) 0
16. (a) Informant Glen Dennis.
(b) Address Higbee Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Log Chapel
18. (a) Signature of funeral director Joe W Burton
(b) Address Higbee Mo
19. (a) 8-24-48 (Date received local registrar) (b) J. W. Winn (Registrar's signature) HS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug ~~8~~ day ~~27~~ 26
year 1948 hour II minute a M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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) drowned
(b) Date of occurrence 8-26-48
(c) Where did injury occur? (City or town) Rand. (County) Mo (State) 88
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm (Specify type of place)
While at work? no (e) Means of injury
23. Signature V L Robinson (~~M.D.~~ other) D.O.
Address Higbee Date signed 8-31-48

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

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 E. L. Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27367 Sept

Registration District No. 390 Primary Registration District No. 6014 Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Rural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Johnnie W. 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 S

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 18 1948
(Month) (Day) (Year)

8. AGE: Years 4 Months 11 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) aug 28-48 (Date received local registrar) (b) J H Hinn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 26
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 J H Hinn (M. D. or other)
Address Higbee Mo Date signed

SUPPLEMENTARY

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

S-27367