

FILED JUN 24 1949 STANDARD CERTIFICATE OF DEATH

State File No. 22373

BIRTH NO. _____ REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 6238 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Washington</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belgrade</u>		c. LENGTH OF STAY (In this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belgrade</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u> b. (Middle) <u>Henry</u> c. (Last) <u>Dennis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1949</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct. 5 1919</u>	9. AGE (In years last birthday) Months Days <u>29 8 10</u>	IF UNDER 1 YEAR Hours Min. <u>10</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Belgrade Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>James Peter Dennis</u>	13b. MOTHER'S MAIDEN NAME <u>Eva Akers</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>J.P. Dennis, Belgrade Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic glomerular nephritis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>592X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-15 1949, to 6-15 1949, that I last saw the deceased alive on 6-15 1949, and that death occurred at 1:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward W. Laska, Jr. D.O.</u>	23b. ADDRESS <u>Box 187 Paris Mo.</u>	23c. DATE SIGNED <u>6/18/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>	24d. LOCATION (City, town, or county) (State) <u>Belgrade Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-20-49</u>	REGISTRAR'S SIGNATURE <u>Ella J. White</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

RECEIVED

District Health Officer No. 4

District File Number 649-827

Date Filed ^{rec'd} 6-21-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Amel White

Licensed Embalmer No. 3012

P. O. Address Quincy, Ill

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.