

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

294117

State File No. _____

0100

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

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>4050</u>		Registrar's No. <u>233</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisburg</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisburg, Perchee Township</u>		6100	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give locality) <u>Country</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>W.</u> c. (Last) <u>Dennis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 8 50</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>June 3-1863</u>	
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 <u>Gardening</u>		11. BIRTHPLACE (State or foreign country) <u>Howard Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Don't know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Susan Reynolds Dennis</u>			
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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russ Long Harrisburg Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Prostate</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1948</u> , to <u>Sept 8 1950</u> that I last saw the deceased alive on <u>Sept 1</u> , 19 <u>50</u> , and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mrs. R. E. Palmer</u>				23b. ADDRESS <u>31 Jones - Salzer</u>		23c. DATE SIGNED <u>9/11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>City Slater mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 11 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jones - Salzer Slater mo</u>	

RECEIVED 9-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-18-50

SEP 25 1950

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 Herrman Salzer

Licensed Embalmer No. 18310

P. O. Address Slaters 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.