

No. 300
10-48

FILED DEC 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. **43236**

XC-15-160 583

CF:Wichita, Kansas.

BIRTH NO. **1**

REG. DIST. NO. **317**

PRIMARY REG. DIST. NO. **6076**

Registrar's No. **2990**

1. PLACE OF DEATH

a. COUNTY **ST. LOUIS**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JEFF. BRKS, MO.**

c. LENGTH OF STAY (in this place) **8 days**

d. FULL NAME OF HOSPITAL OR INSTITUTION **VETS ADMIN HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **KANSAS** b. COUNTY **NEOSHO**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **CHANUTE** **8150**

d. STREET ADDRESS (If rural, give location) **R.R. #1**

3. NAME OF DECEASED

a. (First) **MARVIN** b. (Middle) **W.** c. (Last) **TENNIS**

(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) **12-10-50**

5. SEX **M** **0** **6. COLOR OR RACE** **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED 0**

8. DATE OF BIRTH **10-24-24** **9. AGE (In years last birthday)** **26**

If UNDER 1 YEAR: Months Days
If UNDER 18 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Truck Driver**

10b. KIND OF BUSINESS OR INDUSTRY **-**

11. BIRTHPLACE (State or foreign country) **CHANUTE, KANSAS /**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **ISERAL C. TENNIS**

13b. MOTHER'S MAIDEN NAME **LEONA TRAPP**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WWII**

16. SOCIAL SECURITY NO. **UNKNOWN**

17. INFORMANT'S SIGNATURE OR NAME **VA HOSPITAL RECORDS, JEFF. BRKS, MO.**

ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **ENCEPHALITIS**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

343X

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) (Minute) **11:45 p.m.**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12-2-50, 1950, to 12-10-50, 1950, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE *[Signature]* (Degree or title) **M.D.**

23b. ADDRESS **VA HOSPITAL, JEFF. BRKS, MO.**

23c. DATE SIGNED **12-11-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **Dec. 12, 1950**

24c. NAME OF CEMETERY OR CREMATORY **Koch Bros. Funeral Home**

24d. LOCATION (City, town, or county) (State) **CHANUTE, KANSAS**

DATE REC'D BY LOCAL REG. **12/12/50**

REGISTRAR'S SIGNATURE *[Signature]*

25. FUNERAL DIRECTOR'S SIGNATURE **C. HOFFMEISTER**

ADDRESS **U&L COMPANY, St. Louis, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

1000

NOV 16 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Harry J. Schumacher

Signed.....

Student Embalmer

Licensed Embalmer No. 2679

P. O. Address

578 1/2 Broadway

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.

W: