No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12370

FILED MAY 4 1948

Registration District No. 179

Primary Registration District No. 4234

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 47

(a) State Missouri (b) County Iron

(c) City or town Ironton 10
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Carson Dennison

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Dosia Dennison

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased October (Month) 14 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
64	6	7	hr. min.

9. Birthplace Black Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

FATHER
12. Name Benjamin Franklin Dennison
13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Stevens
15. Birthplace Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. E. Dennison
(b) Address Ironton Missouri

17. (a) burial (b) Date thereof 4-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Black Missouri

18. (a) Signature of funeral director White Funeral Home
(b) Address A. J. White Ironton Missouri

19. (a) 4/28/48 (b) Avis Jones 122
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1948 hour 5 minute 00 A M.

21. I hereby certify that I attended the deceased from April 19, 1948, to April 21, 1948
that I last saw him alive on April 21, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	
Due to Ruptured Appendix	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	
Major findings: Of operations General Peritonitis	
Of autopsy 121	

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)

(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 0

23. Signature [signature] (M. D. or other) MD

Address Ironton Mo. Date signed 4-24-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 548-56

Date Filed 5-3-48

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 Ricci J. White

Licensed Embalmer No. 2012

P. O. Address Ironton Ind.

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.