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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

32226

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 311

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

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS HOSPTL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days. (Specify whether
In this community 15 days years, months or days)

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

3. (a) PRINT FULL NAME BRENDA LICE DENNISON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced INFANT
6. (b) Name of husband or wife ~~C B DENNINSON~~
6. (c) Age of husband or wife if alive ~~2~~ years
7. Birth date of deceased SEPT. (Month) 24 (Day) 1948 (Year)

8. AGE: Years | Months | Days 15 | If less than one day hr. min.

9. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)
10. Usual occupation INFANT
11. Industry or business "
FATHER
12. Name C.B. DENNINSON
13. Birthplace LEXINGTON TENN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name IRENE TAYLOR
15. Birthplace LIORETTA TENN (City, town, or county) (State or foreign country)
16. (a) Informant C. B. Dennison
(b) Address 318 S. Main St Cheffee
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct 10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Cheffee Mo
18. (a) Signature of funeral director [signature]
(b) Address Cheffee Mo.
19. (a) 10-14-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 1411

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day ~~26~~ 9 year 48 hour 8 minute 20 A M.
21. I hereby certify that I attended the deceased from 9-26, 1948, to 10-9, 1948 that I last saw her alive on 10-9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ENTERITIS	
Due to	
Due to	
Other conditions REMATARITY (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 0
23. Signature [signature] (M. D. or other) MD
Address Cape Girardeau Mo Date signed 10/14/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District File Number 1048-17

Date Filed 10-18-4

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 C. J. Loeberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.