. No. 300
M—10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37408

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 58

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

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town East Prairie Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town East Prairie
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAUDE LEE DENNING
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank Denning
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April (Month) 19 (Day) 1887 (Year)

8. AGE: Years 61 Months 6 Days 2 If less than one day hr. min.
9. Birthplace Marquand (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name Jeff Rauls
13. Birthplace Bitsville (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mathie Weaver
15. Birthplace Metroplis (City, town, or county) Ill (State or foreign country)
16. (a) Informant Frank Denning
(b) Address East Prairie Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Dogwood Cemetary
18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie Mo.
19. (a) Nov. 13 1948 (Date received local registrar) (b) Anna Harper (Registrar's signature) 197

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1948 hour 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from Oct 1st, 1948 to Oct 21, 1948 that I last saw her alive on Oct 21, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	10 days
Due to Arteriosclerosis Diabetis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
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
23. Signature S. P. Marlin (M. D. or other)
Address East Prairie Mo. Date signed 11-8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1148-1532
Date Filed 11-15-48

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 Travis Shelby

Licensed Embalmer No. 272

P. O. Address East Prairie, 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.