

APR 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9380
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1902 Registered No. 986
 (c) City Jessas City (d) Street No. St Joseph Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bennett, Mrs. Taylor (Ivy) Bowman
 (a) Residence, No. 515 E. 9th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Taylor Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1884

7. AGE YEARS 54 MONTHS 4 DAYS 23 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Character woman
 9. Industry or business in which work was done, as saw mill, bank, etc. Ben Wilks Co.
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo.

FATHER 13. NAME C. H. Bowman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Triplett Mo.

MOTHER 15. MAIDEN NAME Pocahontas Hammond
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo.

17. INFORMANT (ADDRESS) Mr Taylor Bennett 515 East 9th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Mo DATE Mar. 5 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. Mucconis Sons 25 Ash Creek & Pines 39 S. M. Grove Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4 39

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1939, to 3/4, 1939
 I last saw her alive on 3/3, 1939. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Myeloma (Chronic Granular Neplasia & Hyper-tension)
 Date of onset

Other contributory causes of importance: 131

Name of operation Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify James D. Smith M.D.
 (Signed) 318 Professional Bldg (Address) C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

new-embalmer

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. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address *B. C. 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, above space should be left blank.