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

FILED AUG 10 1939

26307
Do not use this space.

Registered No. 15

1. PLACE OF DEATH
(a) County Montgomery 2 Registration District No. 895
(b) Township Loperfontaine 1 Primary Registration District No. 5791
(c) City ..... (d) Street No. ....., 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 yrs. mos. ds. (f) How long in U. S., If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Bennett
(a) Residence, No. 530 Montgomery City Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE Col | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1858

7. AGE | YEARS 81 | MONTHS 3 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burbon Co. Ken.

FATHER
13. NAME Nat Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Lucy Dort Thorn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Lucy McClaud Hillsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Carmel DATE July 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) T. B. Stotts Hillsville Mo

20. FILED July 5 1939 Mrs Mike McDermott Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 18 1939 to June 30, 1939
Last saw h.e.r. alive on June 30, 1939 Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

Central apoplexy — Date of onset June 18 39

$2.00

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis Bedside Was there an autopsy? No

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 .....
(Signed) R. G. Stanford, M. D.
(Address) Hillsville Mo

Licensed Embalmer's Statement on Reverse Side)

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.

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 W B Tells

Licensed Embalmer No. 1588

P. O. Address Fullerville, 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.