

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

36407

Do not use this space.

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 417  
 (b) Township JOPLIN Primary Registration District No. 3021 Registered No. 93  
 (c) City Webb City, (d) Street No. 1224 BROADWAY 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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Arrah Bennett

(a) Residence, No. 1224 W. Broadway 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Bennett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 23, 1884</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>7</u>
	DAYS <u>26</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	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)	<u>Bentonville, Arkansas</u>	
FATHER	13. NAME <u>William Benton Glover</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
MOTHER	15. MAIDEN NAME <u>Lucinda Rebecca Bright</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Thomas Bennett (husband)</u> (ADDRESS) <u>Webb City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hope Cem.</u> DATE <u>10/23/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Hedge-Nelson</u> <u>Webb City, Missouri.</u>		
20. FILED <u>OCT. 23. 39</u> <u>H. T. ...</u> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/19/39

22. HEREBY CERTIFY, That I attended deceased from August 21, 1939 to Oct 19, 1939  
 I last saw her alive on Oct 16, 1939. Death is said to have occurred on the date stated above, at 1:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis  
Fatty Degeneration

Other contributory causes of importance:  
Fatty Degeneration

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) B. G. Durnsauld, M. D.  
 Address Webb City, Mo.

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.

RECEIVED

District Health Officer No. 6,

Product File Number 1139-2238

Date Filed NOV 8 1939

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.....

*E. W. Hedge*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*E. W. Hedge*

Licensed Embalmer No. 2859

P. O. Address Wash. City

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.