

1352 JAN 8 1939

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

43594
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 400
 (b) Township Prairie Primary Registration District No. 6-5-3-3 Registered No. 275
 (c) City Jackson Mo (d) Street No. Jackson Co. Emergency 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 yrs. mos. ds. (f) How long in U.S. If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bennett, Adelia
 (a) Residence, No. Grandview, Mo 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 Joye Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Spalding, Neb.

FATHER 13. NAME David E. Reed
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield, Mo

MOTHER 15. MAIDEN NAME Freda Durkin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumden, Co. Mo

17. INFORMANT (ADDRESS) David E. Reed Grandview, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellair Mo DATE Nov. 18 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. K. Kearns & Sons
Bellevue, Mo

20. FILED 11-17-39 1939 Lara J. Barnes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1939

22. I HEREBY CERTIFY That I attended deceased from 10-18-39 1939 to Nov-15 1939
 I last saw her alive on 11-15 1939. Death is said to have occurred on the date stated above, at 10:57 p.m.
 The principal cause of death and related causes of importance were as follows:
Same
Rtt Parotid Abscess
Hypostatic Pneumonia
 Date of onset 19-27
11-5-39
11-12-39

Other contributory causes of importance: 43

Name of operation none Date of
 What test confirmed diagnosis? none 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
 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) Frank E. Ingham M. D.
Plateau City, 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.

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 A. K. George
Licensed Embalmer No. 3645
P. O. Address Grandview, 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.