

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25152

150 AUG 10 1940

Registration District No. 314

Primary Registration District No. 4190

State File No.

Registrar's No. 20

1. PLACE OF DEATH:

- (a) County Perry
(b) City or town Stanberry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Seventy one years (Specify whether years, months or days) 72

3. (a) PRINT FULL NAME Tabitha Usley Bennett

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Andrew Bennett 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased 16 19 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Perry City Miss Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name W. James Spencer

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Spencer

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ross Whorton

(b) Address Stanberry Missouri

17. (a) Burial (b) Date thereof 7 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Calvary

18. (a) Signature of funeral director E. J. Johnson

(b) Address Stanberry Mo

19. (a) 7-16-40 (b) AS Seibert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Perry
(c) City or town Stanberry
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1940 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from July 9
1940, to July 13 1940.
that I last saw her alive on July 13 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Duration 6 days

Due to Hypertension 20 yrs

Due to Chronic nephritis 4 yrs

Other conditions 121

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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? 286

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. J. Milligan (M. D. or other) MD

Address Stanberry Mo Date signed 7-16-40

RECEIVED
District Health Officer No. 11,
District File Number 840-1026
Date Filed AUG 5 1948

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 _____

J. Evan Johnson, Registered Apprentice No. _____
working under my personal supervision.

Signed *J. Evan Johnson*
Licensed Embalmer No. *34920*

P. O. Address _____

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.