

17-39  
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
16 SEP 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH ✓

State File No. 28226

Registration District No. 163Primary Registration District No. 4095Registrar's No. 41

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Eldorado Springs 2

(c) Name of hospital or institution 2

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 230

3. (a) PRINT FULL NAME LEVESTA BENNETT

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex female

5. Color of race white

6. (a) Single, widowed, married, divorced 48

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March-29-1856

8. AGE: Years 84 Months 4 Days 23

9. Birthplace Lone Jack Mo

10. Usual occupation Dressmaker

11. Industry or business John Bennett

12. Name Sallie Snow

13. Birthplace

14. Maiden name

15. Birthplace

16. (a) Informant Mrs Lennie J. Markward

16. (b) Address Eldorado Springs Mo

17. (a) Burial

17. (b) Date thereof 8-24-40

18. (a) Signature of funeral director Edwin Siders

18. (b) Address Eldorado Springs Mo

19. (a) Date received local registrar 8/23/40

19. (b) Registrar's signature J. W. Dawson

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Cedar

(c) City or town Eldorado Springs

(d) Street No. 500 E. Poppling St

(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1940 hour 5 minute 07 M.

21. I hereby certify that I attended the deceased from Aug. May 10th 1940 to Aug. 22 1940 that I last saw her alive on Aug. 21 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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23. Signature C. H. Underworth

Address Eldorado Springs

Date signed 8-24-40

Duration

Physician

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1345

Date Filed 9-16-40

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

*[Handwritten Signature]*

Licensed Embalmer No. 2350

P. O. Address El Portal Springs

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.