

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 200

1. PLACE OF DEATH:

(a) County St. Francois  
 (b) City or town Near Farmington  
 (If outside city or town limits, write "RURAL" and name of town)  
 (c) Name of hospital or institution:  
State Hospital No. 4  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
 (c) City or town Dexter  
 (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.

REC'D DEC 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26  
 year 1940 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from  
11-25, 1940, to 11-26, 1940;  
 that I last saw her alive on 11-26, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Bronchial pneumonia | 2 | 1 day plus

Due to Hemorrhagic nephritis | 2 yr

Due to Chronic Pelvic Inflammatory Disease | 9

(Bilateral salpingitis, etc) type of infection  
 Other conditions undulant fever | 16 days

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy Bronchial pneumonia, Hemorrhagic nephritis, Chronic salpingitis & oophoritis, Endometritis  
 Underline the cause to which death should be charged statistically.

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?  
699 While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature C. C. Oult (M. D. or other) MD  
 Address Farmington, Mo. Date signed 11/28/40

8. (a) PRINT FULL NAME Susie Bennett

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Isaac R. Bennett 6. (c) Age of husband or wife if alive Dead years \_\_\_\_\_

7. Birth date of deceased 1 23 1901  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 10 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dunklin Co., Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name John Suttle

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

14. Maiden name Josephine Rings

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

16. (a) Informant Records of State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 11-27-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernier, Mo.

18. (a) Signature of funeral director Blankenship & Strickland

(b) Address Dexter, Mo.

19. (a) Nov 28-1940 (b) B. R. Robinson  
 (Date received local registrar) (Registrar's signature)

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

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**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Blaukenship & Strickland  
John W. Anderson

Licensed Embalmer No. 2238

P. O. Address Farmington

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**