

FILED JAN 25 1941

STANDARD CERTIFICATE OF DEATH

State File No. 43613

Registration District No. 729

Primary Registration District No. 4434

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Randolph Co
 (b) City or town Cairo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 38 yr _____ (Specify whether3. (a) PRINT FULL NAME MARY ISABELLE BENNETT

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

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced ✓
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Aug 22 1856
(Month) (Day) (Year)8. AGE: Years 84 Months 2 Days 12 If less than one day hr. _____ min. _____9. Birthplace New York City _____
(City, town, or county) (State or foreign country)10. Usual occupation Housewife _____

11. Industry or business _____

12. Name William Powell _____13. Birthplace Don't know _____
(City, town, or county) (State or foreign country)14. Maiden name Don't know _____15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Mary Tothaker _____(b) Address Jacksonville Mo _____17. (a) Burial (b) Date thereof Nov 6, 1940 _____
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oakwood Cemetery _____18. (a) Signature of funeral director Tom B. Patton _____(b) Address Huntsville Mo _____19. (a) Nov 6 40 (b) J. P. Allen _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Cairo
 (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 Nov day 4
year 1940 hour 1 minute 20 A.M.21. I hereby certify that I attended the deceased from Nov 5, 1940, to Nov 4, 1940
that I last saw her alive on Nov 4, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Angina Pectoris _____
Duration _____Due to _____
Due to 94 hr _____Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis _____

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? _____

While at work? _____ (Specify type of place)

23. Signature J. P. Allen _____ (M. D. or other) _____Address Cairo _____ Date signed Nov 6 _____

RECEIVED

District Health Officer No. 10

District File Number 1-41-17

Date Filed JAN 7 1941

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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, fact should be so stated above.

Registration District No. 729

Primary Registration District No. 4434

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Cairo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Isabelle Bennett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4
year 1940 hour _____ minute _____ M.

4. Sex 4

5. Color or race W

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

6. (b) Name of husband or wife _____

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

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 84 Months 2 Days 12
If less than one day _____ hr. _____ min.

Duration _____

Due to _____

Due to _____

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov 10 - 41 (b) J. P. Allen
(Date received local registrar) (Registrar's signature)

Other conditions: _____ (include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

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? _____

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

23. Signature J. C. Allen (M. D. or other) _____

Address Cairo Mo Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

