

No. 4-12
5-17-39
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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4756

Registration District No. 890 Primary Registration District No. 6188 Registrar's No. 2

1. PLACE OF DEATH: WAYNE
(a) County
(b) City or town GREENVILLE MO
(c) Name of hospital or institution: 2 mi E. Greenville
(d) Length of stay: In hospital or institution Life
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WAYNE MO
(c) City or town RURAL MO
(d) Street No. 2 MI. E. GREENVILLE MO
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME WANDA FAY BENNETT
3. (b) If veteran, name war. ✓
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan 10 day year 1941 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from Jan 3 1941, to Jan 10 1941;
that I last saw him alive on Jan 10 1941 and that death occurred on the date and hour stated above.

4. Sex FEMALE race WHITE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced U
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 35 years (Day) 5 (Year) 1900

Immediate cause of death Broncho pneumonia
Influenza

8. AGE: Years Months Days If less than one day
4 5 hr. min.

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

9. Birthplace GREENVILLE MO
(City, town, or county) (State or foreign country)

10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name Bert Bennett
13. Birthplace Greenville MO
14. Maiden name Lola Melba Fisher
15. Birthplace ZALMA MO
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Bert Bennett
(b) Address GREENVILLE
17. (a) RURAL (b) Date thereof Jan 19-41
(c) Place: burial or cremation Bounds Creek

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?

18. (a) Signature of funeral director Coy Funerals
(b) Address
19. (a) Jan 21-41 (b) Mabel Bersley
(Date received local registrar) (Registrar's signature)

917
While at work? (Specify type of place) (e) Means of injury
23. Signature J. F. Wagner (M. D. or other)
Address Greenville MO Date signed Jan 10-41

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

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.

WAS NOT EMBALMED

Signed.....

..... Licensed Embalmer No.....

..... 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, fact should be so stated above.