

APR 10 1945-95  
Registration District No. 1595

Primary Registration District No. 4853

State File No. \_\_\_\_\_

Registrar's No. 13

## 1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Wellsville Mo  
(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 days8. (a) PRINT  
FULL NAME George Pearson Bentley9. (b) If veteran, \_\_\_\_\_  
name war \_\_\_\_\_8. (c) Social Security  
No. 14. Sex male 5. Color or  
race W

6. (b) Name of husband or wife \_\_\_\_\_

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

6. (c) Age of husband or wife if

7. Birth date of deceased Sept. 3, 1907  
(Month) (Day) (Year)8. AGE: Years 38 Months 6 Days 17 If less than one day  
hr. 4 min. 9. Birthplace Callaway Co Mo  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry of business \_\_\_\_\_

12. Name John Bentley  
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's name W. Bentley(b) Address Adrian Mo17. (a) Burial (b) Date thereof 3-22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wellsville Mo18. (a) Signature of funeral director W. B. Wells(b) Address Wellsville Mo19. (a) March 22, 1941 (b) Mrs. Mike Mc Dermott  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery  
(c) City or town Wellsville Mo  
(If outside city or town limits, write "RURAL")(d) Street No. 0 (If rural, give location)

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day March  
year 1941 hour 5:45 minute  M.21. I hereby certify that I attended the deceased from  
\_\_\_\_\_, 1935, to March 20, 1941;  
that I last saw him alive on March 19, 1941,  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary atherosclerosis Duration 2 hoursDue to Myocardial infarction 5 yrsDue to Chronic B & B disease 5 yrsOther conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 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? \_\_\_\_\_

5 25 While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature R. G. H. H. H. (M. D. or other) Address Wellsville Mo Date signed 3-24-41

**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.....  
*myself*....., Registered Apprentice No.....  
working under my personal supervision.

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, above space should be left blank.**