

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

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FILLED OCT 21 1941

Registration District No. 104

Primary Registration District No. 3-0-0-8

Registrar's No. 245

1. PLACE OF DEATH

(a) County Callaway

(b) City or town Rural, F. D. T.

(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 Missouri (b) County Callaway

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

(d) Street No. _____
(If rural, give location) R 2 A 0

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

3. (a) PRINT FULL NAME Ms. Dora Bennett

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Female ³ 3 3 5. Color or race Negro

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

6. (b) Name of husband or wife Bart

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

7. Birth date of deceased _____
(Month) _____ (Day) 1863 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1941 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 30, 1941, to Sept. 7, 1941, that I last saw him alive on Sept. 7, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Cancer

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>—</u>	<u>—</u>	hr. _____ min. _____

Due to myocarditis

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Laundress

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Annie Branham

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

Major findings: Of operations 931

Of autopsy _____

MOTHER FATHER

16. (a) Informant Mrs. Georgie Johnson

(b) Address 1327 Blount, St. Louis, Mo

17. (a) Burial (b) Date thereof Sept. 13 - 41
(Place, preparation or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Old Richmond Cem. Call Co. Mo

18. (a) Signature of funeral director Eli Bell

(b) Address Dutton, Mo

19. (a) 9/10/41 (b) R. N. Creve
(Date received local registrar) (Registrar's signature)

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 6

23. Signature R. N. Creve (M. D. or other) _____

Address Fullan Date signed 9/10/41

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

Signed.....

Eli Bell

Licensed Embalmer No. *2130*

P. O. Address *Fulton, Mo*

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, fact should be so stated above.