

No. 2
-13-40
17-39
X23159

FILED OCT 24 1941

Registration District No. **449**

Primary Registration District No. **4267**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **LACLEDE**
 (b) City or town **LEBANON**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **WALLACE HOSPITAL**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 DAYS**
(Specify whether years, months or days)
 In this community **3 DAYS**

3. (a) PRINT FULL NAME **KENNETT ROY BENTLEY**
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex **M** Color or race **W**
 6. (a) Single, widowed, married, divorced **SINGLE**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: **SEPT 4 1941**
(Month) (Day) (Year)

8. AGE: Years _____ Months **3** Days _____
 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name **HAROLD R. BENTLEY**
 13. Birthplace **ST. LOUIS** **MO**
(City, town, or county) (State or foreign country)
 14. Maiden name **NEENA FARRAR**
 15. Birthplace **SAN ANTONIO** **TEX**
(City, town, or county) (State or foreign country)

16. (a) Informant **H. R. Bentley**
 (b) Address **Lebanon Mo**

17. (a) **REMOVAL** (b) Date thereof **9. 9 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. LOUIS MO**

18. (a) Signature of funeral director **PALMER'S**

(b) Address **LEBANON MO**

19. (a) **9-7-41** (b) **Jam Webb**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **LACLEDE**
 (c) City or town **LEBANON**
(If outside city or town limits, write "RURAL")
 (d) Street No. **402 MONROE**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **7**
 year **1941** hour **6** minute **15 P.M.**
 21. I hereby certify that I attended the deceased from **9-4-41**
 _____, 19____, to **9-7-41**, 19____
 that I last saw h _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **acute hemorrhagic disease new born**

Due to _____
 Due to _____

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

Major findings: Of operations **1600**
 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) (e) Means of injury

23. Signature **Jam Webb** (M. D. or other) _____
 Address **Lebanon Mo** Date signed **9-8-41**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.....

Allyn D. Thurgood....., Registered Apprentice No. *294*
working under my personal supervision.

Signed.....*W. W. Palmer*.....

Licensed Embalmer No. *1161*.....

P. O. Address *Delmar, Mo.*.....

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.