

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILLED NOV 4 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35566

Registration District No. 592

Primary Registration District No. 4350

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Montgomery (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 X6000000 (Specify whether  
In this community 50 yrs years, months or days)

3. (a) PRINT FULL NAME Lake S. Bentley

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Julia Shaw Bentley 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased May 13 th 1887 (Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Callaway County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Rural Mail Carrier

11. Industry or business

12. Name James H. Bentley  
13. Birthplace Callaway County Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Mary I. Davis  
15. Birthplace Callaway County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Julia Bentley

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 10/20/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) Oct. 19, 1941 (b) Bull Menzies (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Montgomery (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 th year 1941 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Oct. 18, 1941 to Oct. 18, 1941, that I last saw him alive on October 18, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 hr.

Due to Cardiac hypertrophy 10 yrs.

Due to Gout, left foot 1 yr.  
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 Bull Menzies (M. D. or other) B  
Address Montgomery City Mo. Date signed 10/20/41

522 (Licensed Embalmer's Statement on Reverse Side)

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

NOV 3 1941

NOV 22 1941

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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 \_\_\_\_\_ on the \_\_\_\_\_ day of Oct. 1941 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.