

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Johnson
State File No. _____
Registrar's No. 2497

FEB 18 1942

Registration District No. 4-11

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Reman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 20 days

In this community _____ years, months or days

3. (a) PRINT FULL NAME Lorraine Lettie Bengue

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Houston P. Bengue

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 18 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Miami Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Dave G. Holt

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

14. Maiden name Martha Alice Winters

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

16. (a) Informant Houston P. Bengue

(b) Address Miami, Oklahoma

17. (a) Banished (b) Date thereof Jan. 9 1942
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation S.A.R. Cemetery, Miami, Okla.

18. (a) Signature of funeral director V. D. Cooper

(b) Address 5 B. N.W. Miami, Okla.

19. (a) 1-9-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla. (b) County Ottawa

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

(d) Street No. 411-1st Northwest
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1942 hour 4 minutes 05 A.M.

21. I hereby certify that I attended the deceased from 10-1-41, 19____, to 1-7-42, 19____; that I last saw her alive on 1-7-42, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic leukemia

Due to _____

Due to _____

Other conditions 74a
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy no

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 E. Ernest Johnson (M. D. or other) _____

Address 524-28 Finney Date signed 1/9/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

42-1-60

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

working under my personal supervision.

Registered Apprentice No.

Signed

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address. *Miami, Okla.*

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.