

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3840

State File No.

Registration District No. 238

Primary Registration District No. 6095

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Huntertown
(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

3. (a) PRINT FULL NAME Eliza Bennett

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 Widowed

6. (b) Name of husband or wife Joseph Bennett 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased April 17 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 7 14 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Deen
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant John Piper
(b) Address Shelbina, Mo.

17. (a) Burial (b) Date thereof 1/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Congerville Ill.

18. (a) Signature of funeral director W. H. Barker
(b) Address Shelbina, Mo.

19. (a) Jan 2-41 (b) Ruth Joyner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Rural - Huntertown
(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 Dec day 31 year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 26 1941 to Dec 26 1941
that I last saw her alive on Dec 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Senile
Due to
Due to

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 A. M. Wood (M. D. or other)
Address Shelbina Mo Date signed 1-2-42

APR 10 1942

RECEIVED

District Health Officer No. 10

District File Number 1-42-153

Date Filed JAN 27 1942

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

Marion E. Mission

Licensed Embalmer No.

3957

P. O. Address

Shelburne 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.