V. S. No. 2
OM—9-4-41
ev. 5-17-39
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46

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1942

Registration District No. 141

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27290

Primary Registration District No. 3025

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Howell

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

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

(d) Length of stay: In hospital or institution 5 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46

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

(d) Street No. Silvan R.F.D. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Alice House

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

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

7. Birth date of deceased July (Month) 28 (Day) 1902 (Year)

8. AGE: Years 41 33 Months 0 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hugh R Benton
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name George Hopkins
15. Birthplace Howell Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Carl House

(b) Address R.F.D. West Plains Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof Aug 5-42 (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty

18. (a) Signature of funeral director Robertson

(b) Address West Plains Mo

19. (a) 8/10-42 (Date received local registrar) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1942 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from July 30, 1942 to Aug. 3, 1942 that I last saw her alive on Aug. 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to Accidental Puncture Wound of abdomen

Due to Sagittal penetrating abdominal cavity

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident 046

(b) Date of occurrence July 30, 1942

(c) Where did injury occur? Howell Co., Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)

While at work (e) Means of injury

23. Signature [illegible] (M. D.)

Address West Plains, Mo. Date signed 8/5-42

1143

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 942826
Date Filed 9-14-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.