

Miltb NOV 9 1942

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 26

1. PLACE OF DEATH
 (a) County St. Francois
 (b) City or town Desloge, Missouri, Mo.
 (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 _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Desloge
 (d) Street No. 4th St.
 (e) Citizen of foreign country? No
 If yes, name country _____

3. (a) PRINT FULL NAME Cora Mae Bentz
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 15
 year 1942 hour 1:45 minute A.M.
 21. I hereby certify that I attended the deceased from 10-14-1942
 1942 to 10-15- 1942
 that I last saw him alive on 10-10- 1942
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.
 6. (a) Single, widowed, married divorced, married
 (b) Name of husband or wife Walter Bentz (c) Age of husband or wife if 65 years
 7. Birth date of deceased Sept. 2 1888
 (Month) (Day) (Year)

Immediate cause of death arterio sclerosis

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>54</u> | <u>1</u> | <u>13</u> | hr. _____ min. _____ |

Due to cerebral hemorrhage 14hr

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 10. Usual occupation House Wife

Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name William Mahurin
 13. Birthplace Missouri
 14. Maiden name Mary Jones
 15. Birthplace Missouri

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 _____

16. (a) Informant Walter Bentz
 (b) Address Desloge, Mo.
 17. (a) Burial (b) Date thereof Oct. 18, 1942
 (c) Place: burial or cremation St. Francois Mo
 18. (a) Signature of funeral director C. J. Boyer
 (b) Address Desloge, Mo.
 19. (a) Oct. 18, 1942 (b) Byndie Buhmester
 (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) M.D.
 Address Desloge Mo Date signed 10/18/42

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

94
00

94
9

MOTHER FATHER

Duration
 14hr
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 3
District File Number 1142-1325
Date Filed 11-6-42

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 C. Z. Boyer 1671
Licensed Embalmer No. H. DeLoe 9MO
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.