

FILED MAP
Registration District No. 2 52

Primary Registration District No. 5114

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Zalma, Mo. Rural - Wayne
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Virginia Ellen Bennett
3. (b) If veteran, 0 name war. 0 3. (c) Social Security No. 0

4. Sex F. 1 5. Color or race W 6. (a) Single, widowed, married; 0 divorced infant
6. (b) Name of husband or wife. 0 6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased January 5, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 12 hr. min.

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

10. Usual occupation Infant

11. Industry or business
12. Name Willie Boney Bennett
13. Birthplace Wayne, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Zelma Cleo Bennett
15. Birthplace Zalma, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Willie Boney Bennett
(b) Address Zalma, Mo.

17. (a) Burial (b) Date thereof Jan 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial - Bush Creek Cemetery

18. (a) Signature of funeral director None
(b) Address

19. (a) Feb 27 1943 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bollinger
(c) City or town Zalma, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles south Zalma, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14,
year 1943 hour 12 minute 0 P. M.
21. I hereby certify that I attended the deceased from January 5, 1943 to January 14, 1943
that I last saw her alive on January 05, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Deformity
Due to 0
Due to 0

Other conditions (include pregnancy within 3 months of death) 15
Major findings: 0
Of operations 0
Of autopsy 0

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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(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 Dr. P. A. Smith (M. D. or other) DR
Address Zalma, Mo. Date signed 1-15-43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-15-39 I 11511

Death Officer No. 4
District File Number 343-187
Date Filed 3-6-43

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, above space should be left blank.