

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10313

State File No.

Registrar's No. 61

FILED APR 14 1943
Registration District No. 137

Primary Registration District No. 5520

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural, Windsor Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Betty Ruth Bentch

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years 29
7. Birth date of deceased March 29 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 22 hr. min.

9. Birthplace Macks Creek Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.

12. Name Walter Bentch
13. Birthplace Macks Creek Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ruby Pennel
15. Birthplace Macks Creek Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Bentch
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 3-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Macks Creek, Mo.

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) March 15, 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R # 3, Windsor
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1943 hour 3:00 a m minute M.

21. I hereby certify that I attended the deceased from Mar-29 1942 to March 7 1943
that I last saw him alive on March 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death congenital heart valvular (mitral) lesions

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 1572

Major findings: Of operations
Of autopsy
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? (Specify type of place) (e) Means of injury fall

23. Signature Amual (M. D. or other) M.D.
Address Windsor Mo. Date signed 3-13-43

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

RECEIVED

District Health Officer No. 71

District File Number 3-43-105

Date Filed 4-13-43

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.....

E. M. Hurland

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.