

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 16 1943 301

Registration District No. Primary Registration District No. 4450

Registrar's No. 1910

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: William's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether life, years, months or days)

3. (a) PRINT VERGIE IRENE BENNETT.
FULL NAME

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 Don Bennett 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Aug 4-1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 10 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John W. Hughes
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Hay
15. Birthplace Ripley Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Don Bennett
(b) Address Bardley Mo.
17. (a) Burial (b) Date thereof 7-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge west, Ind.

18. (a) Signature of funeral director J. E. Jordan

(b) Address Doniphan Mo.

19. (a) 7-21-43 (b) C. D. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ripley
(c) City or town Pine Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 30 1943 to July 1 1943.
that I last saw her alive on July 1 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Wernia

Due to Toxemia of Pregnancy

Due to 149 lb

Other conditions (include pregnancy within 3 months of death)

Major findings: Carcerean 6-30-43
Of operations Twin girls delivered
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)
(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) While at work (c) Means of injury

23. Signature J. E. Johnston (M. D. or other)

Address DONIPHAN, MO. Date signed 7-2-43

(Licensed Embalmer's Statement on Reverse Side)

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

674

STATEMENT BY LICENSED EMBALMER

8

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. 3200,

P. O. Address. Doniphane

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.

M. O.