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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 1 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2257

Registrar's No. 435

Registration District No. 47

Primary Registration District No. 2107

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Anywhere Rural
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Anywhere (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Susan Frances Bentley

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: *Month Dec day 24 year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 15, 1943, to Dec. 15, 1943; that I last saw her ex alive on Dec. 15, 1943; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Joseph Bentley 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Feb (Month) 11 (Day) 1850 (Year)

Immediate cause of death Lobar pneumonia Duration 12 Days

8. AGE: Years 93 Months 10 Days 13 If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

10. Usual occupation Housewife

Other conditions General Semility
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name George Bentley

13. Birthplace Ky (City, town, or county) (State or foreign country)

14. Maiden name W. K.

15. Birthplace W. K. (City, town, or county) (State or foreign country)

16. (a) Informant George Bentley

(b) Address Anywhere, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Anywhere

18. (a) Signature of funeral director Hughes Maupin

(b) Address Any Place, Mo

19. (a) 12-26-43 (Date received local Registrar) (b) Jane Maupin (Registrar's signature)

Major findings: Of operations _____

Of autopsy 108

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 _____

23. Signature Clay & S. Hutchins (M. D. or other) MD

Address Fulton, Missouri Date signed 12/24/43

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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.....

Augusto Mancini

Licensed Embalmer No.....

2358

P. O. Address.....

Auxvasse, MD.

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.