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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3157

Registration District No. 1594 Primary Registration District No. 3028 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 701 Morning Side Drive (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural - Union Township 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. Route #1, Reeds, Missouri (If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME FRANCES E. BENNETT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Frank Bennett

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 3, (Day) 1860 (Year)

8. AGE: Years 84 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Hume, (City, town, or county) New York / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name X Goodrich
13. Birthplace X (City, town, or county) N. Y. / (State or foreign country)

MOTHER
14. Maiden name X Flanigan N. Y.
15. Birthplace X (City, town, or county) N. Y. / (State or foreign country)

16. (a) Informant Mrs. Pearl Davis

(b) Address 701 Morning Side Drive, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Jan 8 '44 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th, year 1944 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on Did not see [illegible]; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration

Due to

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

93d

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? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Carthage, Mo. Date Jan 8, '44

1203

(Licensed Embalmer's Statement on Reverse Side)

44-1-9P

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.....2222

P. O. Address.....Carthage

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.