No. 2
1—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11621

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 249 Primary Registration District No. 4372 Registrar's No.

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Burlington Junction
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Burlington Junction 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lulu Bennett
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 George T. Bennett
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased August (Month) 8, (Day) 1879 (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	7	1	hr. min.

9. Birthplace Quitman (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name John McKnight
13. Birthplace New York (City, town, or county) N.Y. (State or foreign country) 0
MOTHER
14. Maiden name Ruth Bowman
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant George T. Bennett
(b) Address Burlington Junction Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Clearmont Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.
19. (a) Mar. 12 1944 (Date received local registrar) (b) Mrs. M.G. Carpenter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1944 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from Dec. 20 1943 to Mar. 9 1944 that I last saw her alive on Mar. 8 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	Oct. 20-'43
" "	Feb. 26-'44
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a1

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 L. E. Wallace D.O. (M.D. or other)
Address Burlington Jct., Mo. Date signed 3-11-'44

1269

(Licensed Embalmer's Statement on Reverse Side)

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 Clim M Price

Licensed Embalmer No. 1822

P. O. Address Maryville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.