

BK 1 P 37
15687

FILED MAY 25 1944
Registration District No. 3061

Primary Registration District No. 3061

Registrar's No.

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pollinger
(c) City or town Marquand
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Ellen Elva Bennett

(b) If veteran, name war 1 (c) Social Security No. 0

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive Ed years 17

7. Birth date of deceased Jan. 29th 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 8
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

MOTHER FATHER
12. Name Wm C. Starbuck
13. Birthplace Penn
(City, town, or county) (State or foreign country)
14. Maiden name Minerva Ward
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Bennett
(b) Address Rivermine

17. (a) Burial (b) Date thereof 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rhodes Chapel

18. (a) Signature of funeral director Leadwell Bur
(b) Address Flat River Mo

19. (a) 5-9-44 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7
year 1944 hour 10 minute PM

21. I hereby certify that I attended the deceased from April 17, 1944 to May 7, 1944
that I last saw her alive on May 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer (Colon) Duration 6 M

Due to Diabetes m
Other conditions reports
(Include pregnancy within 3 months of death)
Hypertension 3

Major findings: H62
Of operations 3

Of autopsy H62
PHYSICIAN 3
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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(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 0

23. Signature F. W. Zuppard, D.O.
Address Flat River Mo Date signed 5/8/44

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

1375

RECEIVED

5-13-44

District Health Officer No. 4

District File Number 544-38

Date Filed 5-13-44

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 W. A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River

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.