

FILED NOV 10 1944

Registration District No. _____ Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether _____)

In this community 15 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 635 E. Capitol Ave. 4
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Allie M. Bender

3. (b) If veteran, name war no

3. (c) Social Security No. no

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

6. (b) Name of husband or wife Clarence 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. 16, 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	8	15	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name J. George Webb

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

14. Maiden name Viola Yancey

15. Birthplace Mo. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Major Clarence Bender

(b) Address Jefferson City, Mo.

17. Burial & Removal (b) Date thereof 11-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director Victor Breucher

(b) Address Jefferson City

19. (a) 11-1-44 (b) Thurmas Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31
year 1944 hour 2 minute 00 p.M.

21. I hereby certify that I attended the deceased from _____
1944 to Nov 10/31 1944

that I last saw her alive on Oct 21 1944
and that death occurred on the date and hour stated above. 2 PM

Immediate cause of death: Pulmonary Embolism Duration 6 mos

Due to _____

Due to Endocarditis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92 2

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. M. Aldredge (M. D. or other) _____
Address Jefferson City, Mo Date signed 11/1/44

DEC 19 1952

MAR - 6 1945

FEB 23 1945

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 11-9-44

JUN 26 1945

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

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.