V. S. No. 2
OOM—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27194

Registration District No. 84 Primary Registration District No. 4148 Registrar's No. 24

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Otterville
(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 years, months or days)

In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Otterville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Annie Elizabeth Bente

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 John M. Bente

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Nov. (Month) 6, (Day) 1863 (Year)

8. AGE: Years 81 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Aaron Hupp

13. Birthplace Akron, (City, town, or county) Ohio / (State or foreign country)

14. Maiden name Mary Homan

15. Birthplace Virginia / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Goddard

(b) Address Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-45 (Month) (Day) (Year)

(c) Place: burial or cremation Otterville, Mo.

18. (a) Signature of funeral director L. F. Parker

(b) Address Otterville, Mo.

19. (a) 8-26-45 (Date received local registrar) (b) Mrs. W. W. Robison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1945 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from Jan / 1945 to Aug 22 1945 that I last saw her alive on Aug 22 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Valvular heart disease	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert Fogle (M. D. or other) MD

Address Otterville, Mo. Date signed 8-26-45

1087 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-6-45

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 L. T. Parker

Licensed Embalmer No. 3840

P. O. Address Otterville, 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.