

S. No. 2
M-5-43
v. 5-17-39
I X38671

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **38236**

Registration District No. 309 Primary Registration District No. 1047 Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Charles Co.

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

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn (b) County 999

(c) City or town Memphis 41
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Priscilla Norton Bennett

3. (b) If veteran, name war _____

3. (c) Social Security No. 412-40-3660

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1945 hour 3 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

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

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased: July 30 1906
(Month) (Day) (Year)

Immediate cause of death Carbon monoxide gas

Due to suicide
gang violence

Due to _____

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

8. AGE: Years 39 Months 4 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Newton MASS.
(City, town, or county) (State or foreign country)

Major findings: None

Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Secretary

11. Industry or business Industry

12. Name ARTHUR O NORTON

13. Birthplace STILLMAN VALLEY ILL.
(City, town, or county) (State or foreign country)

14. Maiden name Alice Jean Lyon

15. Birthplace Medina New York
(City, town, or county) (State or foreign country)

16. (a) Informant Shelma Mills

(b) Address 70 Kuhlman Court, Columbia, Mo

17. (a) Burial (b) Date thereof Dec-3-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Garden HO

18. (a) Signature of funeral director Margie Mansingh

(b) Address Wentzville Mo

19. (a) Dec 1/45 (b) Vertude J. Touris
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Dec 1, 1945

(c) Where did injury occur? Wentzville St. Charles Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Road
(Specify type of place)

While at work? no (e) Means of injury Monoxide gas

23. Signature Margie Mansingh

Address Wentzville Mo Date signed 12-2-45

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

MOTHER FATHER

681

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-15-45

DEC 19 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

Marie Muschany

Licensed Embalmer No. 2465

P. O. Address Wentzville, 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.