

Registration District No. **28** 1945

Primary Registration District No. **3002**

Registrar's No. **159**

1. PLACE OF DEATH:

(a) County **Audrain**
(b) City or town **Mexico**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Audrain Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 hours**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **IDA, B BENTLEY**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **F** 5. Color or race **W**
6. (a) Name of husband or wife **Edgar A. Bentley** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **Sept 14 1882**
(Month) (Day) (Year)

8. AGE: Years **63** Months **3** Days **-** If less than one day hr. min.

9. Birthplace **Middletown Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business.....

12. Name **Monroe Gooch**
13. Birthplace **Middletown Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Gooch**
15. Birthplace **Middletown Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edgar G. Bentley**
(b) Address **Middletown Mo**
17. (a) **Burial** (b) Date thereof **12 16 45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Middletown Mo**

18. (a) Signature of funeral director **B. H. Hume**
(b) Address **Middletown Mo**
19. (a) **12/14/45** (b) **B. H. Hume**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **14**
year **45** hour **9** minute **10 P** M.

21. I hereby certify that I attended the deceased from **12-14**, 19**45**, to **12-14**, 19**45**
that I last saw h. **alive** on **12-14**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**
Due to **Hypertension**
Due to **9**

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?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature **Frank Miller** (M. D. or other)
Address **Mexico, Mo.** Date signed **12/14/45**

RECEIVED

District Health Officer No. 10

District File Number 1-46-207

Date Filed JAN 26 1946

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.....

Licensed Embalmer No. 3059

P. O. Address Wilboville 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.