

19887

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 8 1948

Registration District No. 49

Primary Registration District No. 4168

Registrar's No. 31

1. PLACE OF DEATH:

(a) County DEKALB
(b) City or town MAYSVILLE
(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 2 years
(Specify whether years, months or days)
In this community 2 years
years, months or days

3. (a) PRINT

FULL NAME ETHEL PINKERTON BENNETT

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

GEORGE BENNETT

6. (c) Age of husband or wife if

alive 75 years

7. Birth date of deceased FEBRUARY

(Month)

18

(Day)

1873

(Year)

8. AGE:

Years

Months

Days

If less than one day

73

3

29

hr. min.

9. Birthplace

DEKALB COUNTY

MO.

(City, town, or county)

(State or foreign country)

10. Usual occupation

HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name

WILLIAM CRABILL

13. Birthplace

VIRGINIA

(City, town, or county)

(State or foreign country)

14. Maiden name

ELIZA PINKERTON

15. Birthplace

OHIO

(City, town, or county)

(State or foreign country)

16. (a) Informant

GEORGE BENNETT

(b) Address

MAYSVILLE MO.

17. (a)

BURIAL

(Burial, cremation, or removal)

(b) Date thereof

6-19-46

(Month) (Day) (Year)

(c) Place: burial or cremation

OAK LAWN-MAYSVILLE MO.

18. (a) Signature of funeral director

PILCHER FUNERAL HOME

(b) Address

MAYSVILLE MO.

19. (a)

6-18-46

(Date received local registrar)

(b) Roscoe Larkins

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17
year 1946 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from

June 7, 1946 to June 17, 1946
that I last saw her alive on June 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Fracture of right femur - due to 10 days
accidental fall on floor of home

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

marked arteriosclerosis
with hyper-tension

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) accident
(b) Date of occurrence June 17, '46
(c) Where did injury occur? Magistrate's Office
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work?

(Specify type of place)

no

(e) Means of injury

fall

23. Signature

R. Reynolds

(M. D. or other)

Address

MAYSVILLE MO

Date signed

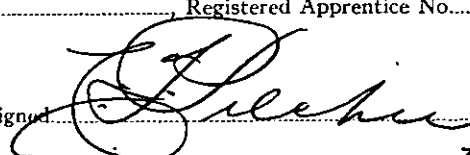
6/18-46

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..... 3960

P. O. Address..... MAYSVILLE 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.