No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24693

FILED AUG 1 1946

Registration District No. 318 Primary Registration District No. 3058 Registrar's No. 120

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St Charles (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 MIN. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln 27
(c) City or town Troy Missouri 2 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY ELLA BENNETT
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Richard Bennett
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased May 18 1874 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Welty Smith
13. Birthplace Troy Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Rinamon
15. Birthplace Maryland (City, town, or county) (State or foreign country)
16. (a) Informant Richard Bennett
(b) Address Troy Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Troy Cemetery
18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy Mo.
19. (a) July 19-46 (Date received local registrar) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1946 hour 2 minute 35 P.M.
21. I hereby certify that I attended the deceased from April 1945 to July 3 1946 that I last saw her alive on July 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency — Duration
Due to Generalized arteriosclerosis
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 J. C. Creech (M.D. or other)
Address Troy Mo Date signed July 4/46

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(Licensed Embalmer's Statement on Reverse Side)

JUL 16 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-20-46

AUG 25 1947

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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.