S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36473

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 140

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(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 6 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Keytesville
(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

3. (a) PRINT FULL NAME Thomas L. Bentley
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 27 (Month) (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
73	9	2	hr. min.

9. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Don Gilford
(b) Address Keytesville, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/30/46 (Month) (Day) (Year)
(c) Place: burial or cremation Keytesville, Mo.
18. (a) Signature of funeral director Stegner
(b) Address Boonville, Mo.
19. (a) 12-3-46 (Date received local registrar) (b) D B Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th year 1946 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct 15 1946, to Nov 29 1946, that I last saw him alive on Nov 29 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	3 weeks
Due to Nephritis, interstitial	5 yrs
Due to Arteriolar Sclerosis	?
Other conditions (Include pregnancy within 3 months of death) Hypertension arterial	?
Heart Disease, Hypertension	?

Major findings:
Of operations None
Of autopsy None

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 [illegible] (M. D. or other) M.D.
Address Boonville, Mo. Date signed 11/30/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-14-46

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.