

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 13079

Registration District No. 175

Primary Registration District No. 3036

1. PLACE OF DEATH:

(a) County LAWRENCE

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

(c) Name of hospital or institution:
530 HIGHLAND
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 30 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAWRENCE

(c) City or town AURORA 55
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 530 HIGHLAND
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES R. BENNETT

(b) If veteran, _____ name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month December day 11
year 1946 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 11, 1946 to December 11, 1946
that I last saw h. EE alive on December 11, 1946
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 Widowed

(b) Name of husband or wife _____

(c) Age of husband or wife if alive _____ years

7. Birth date of deceased JAN 1, 1867
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Duration 1 Day

8. AGE: Years 79 Months 10 Days 27 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) gyp

9. Birthplace Polk Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name William Alcock

13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Roy

15. Birthplace Tenn. (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Bessie Doran

(b) Address Aurora, Mo.

17. (a) BURIAL (b) Date thereof 12-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cem

While at work? _____ (Specify type of place)

(e) Means of injury D

23. Signature James A. Kober M. D. or other MD
Address Aurora, Mo. Date signed 12-14-46

18. (a) Signature of funeral director King Funeral Home

(b) Address Aurora, Mo.

19. (a) 12-18-46 (b) Donna M. Nott
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 6;
District File No. 1246-1244
Date Filed DEC 19 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 *H. L. White*
Licensed Embalmer No. 4240
P. O. Address AURORA, 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.