S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3938

FILED MAR 12 1947

Registration District No. 3

Primary Registration District No. 5117

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 5 miles N.W. of Ashland, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community Lito
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Miles N.W. Ashland, Mo.
(If rural, give location)

(e) Citizen of foreign country? N (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Viola Bell Bennett

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Walton Bennett

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 29 (Day) 1866 (Year)

8. AGE: Years 81 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Norman 9
13. Birthplace ✓ (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gorham
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Lecil Bennett
(b) Address McBaine, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemt.

18. (a) Signature of funeral director Wm C Burnett
(b) Address Ashland, Mo.

19. (a) Mar. 3-47 (Date received local registrar) (b) Mrs Mildred Burnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1947 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from Aug 1 1946 to Mar 2 1947 that I last saw her alive on Feb 27 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cortic Insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92 A	
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 0

23. Signature H. B. Pryor (M. D. or other)

Address Ashland Mo Date signed 3-8-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 3/11/47
Date Filed

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 Wm. L. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland, 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.