S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13745

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 98

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Hours (Specify whether
In this community 3 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 201 South Pleasant 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ELMINA BENTE

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm Bente
6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased September (Month) 17, (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
76	6	10	hr. min.

9. Birthplace Otterville (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John Hutchinson
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

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

16. (a) Informant Geo. C. Carson
(b) Address Independence, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Otterville, Missouri
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Missouri
19. (a) 4-2-47 (Date received local registrar) (b) James Baily (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 th.
year 1947 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Deputy Coroner Circulatory Failure
Due to Hyperbrophy of Heart
Due to
Other conditions
(Include pregnancy within 3 months of death)
95C
Major findings:
Of operations
Of autopsy See Above

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 (b) Hours of injury 0
23. Signature A E Upsher (M.D. or other)
Address 2800 Main Date signed 3/28/47

354 (Licensed Embalmer's Statement on Reverse Side)

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 Chas F. Tyler, Registered Apprentice No. 411, working under my personal supervision.

Signed Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, In

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.