

S. No. 2
M-5-43
5-17-39
I-X38671

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

20469

FILED JUN 18 1947

State File No.

Registration District No. 100

Primary Registration District No. 3081 3018

Registrar's No. 38

1. PLACE OF DEATH:

(a) County DENT
(b) City or town SALEM
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME CORA CHARLOTTE BENNETT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife TOM BENNETT 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPT. 18 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 26 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name BEN ARNOTT D
13. Birthplace MO (City, town, or county) (State or foreign country)
14. Maiden name MARY JANE CATO
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant John E. Bennett
(b) Address SALEM, MO
17. (a) BURIAL (b) Date thereof 5-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CEDAR GROVE CEM.
18. (a) Signature of funeral director Carl K. Jones
(b) Address SALEM, MO

19. (a) 5-16-47 (b) Wm. Hart M. DeBl.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT 33
(c) City or town SALEM
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 14
year 1947 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 13 47 to May 12 47
that I last saw him alive on May 12 47
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lungs Duration _____

Due to _____

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature L. H. Jones (M. D. or other) _____
Address Salem, Mo. Date signed 5/16/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 647312

Date Filed 6-17-47

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. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.