. S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 10 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21355

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

49
2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 wk. 5 da. (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2130 Bird 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Zorah Bentley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Charles Bentley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 22, 1874 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	4	8	hr. min.

9. Birthplace Stubenville, Ohio 1 (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name William Campbell
13. Birthplace West Virginia 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Campbell
15. Birthplace West Virginia 1 (City, town, or county) (State or foreign country)
16. (a) Informant Charles Bentley
(b) Address 2130 Bird, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 6-9-47 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature) 1 28

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1947 hour 2:00 minute A. M.
21. I hereby certify that I attended the deceased from April 24 1947, ~~19~~, to May 30, 1947, that I last saw her alive on May 30, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Coma	3-4 days
Due to: Diabetes Mellitus	6 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Fracture Impacted Simple femoral neck left	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no 1 2
(b) Date of occurrence
(c) Where did injury occur? Joplin (City or town) Jasper (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury
23. Signature W. W. Hurst (M. D.)
Address Joplin Nat'l Bank Bldg Joplin Date signed 6-5-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-6-535

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.