

FILED OCT 29 1947

State File No. _____

Registration District No. 73

Primary Registration District No. 3003

Registrar's No. 73

1. PLACE OF DEATH

(a) County Barry
(b) City or town Monett, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(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 _____

3. (a) PRINT FULL NAME

Ms. Susie E. Hilton

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

7. Birth date of deceased June (Month) 7 (Day) 1883 (Year)

8. AGE: Years 64 Months 4 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William H. Bennett

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

14. Maiden name Martha Ross

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

16. (a) Informant Mrs. Marie Bertram

(b) Address 1006 - 9th St. Monett, MO

17. (a) Burial (b) Date thereof Oct. 14, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moss Hill Cemetery

18. (a) Signature of funeral director Bennett + Hornumington

(b) Address Monett, Missouri

19. (a) 10-13-47 (b) W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1947 hour 4:20 minute _____ P.M.

21. I hereby certify that I attended the deceased from 7-25 1946 to 10-12 1947
that I last saw he alive on 10-12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral stenosis
Cyanosis - liver & both lungs
absent

Due to Coronary left heart 3 yrs

Due to _____

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

Major findings: Of operations NO

Of autopsy _____

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 _____ Means of injury _____

23. Signature Robert O'Killy (M. D. or other) _____

Address Monett, MO Date signed 10-13-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1047-1128

Date Filed OCT 28 1947

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 R Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Morett, 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.