No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 2 1948

Registration District No. ____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. 40763

Registrar's No. 346

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1003 N. Olive /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair /
(c) City or town: Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1003 N. Olive 3
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Amanda Ellen Bentley
3. (b) If veteran, name war ____
3. (c) Social Security No.: None

4. Sex: F /
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John D. Bentley
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: April (Month) 23 (Day) 1870 (Year)

8. AGE: Years 77 | Months 6 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace: Kirksville (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation: Housewife
11. Industry or business: Home

MOTHER FATHER
12. Name: Abner Fickle
13. Birthplace: Kentucky / (City, town, or county) (State or foreign country)
14. Maiden name: Susan Moody
15. Birthplace: Texas / (City, town, or county) (State or foreign country)

16. (a) Informant: John D. Bentley
(b) Address: Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ownbey Cemetery
18. (a) Signature of funeral director: D E Riley
(b) Address: Kirksville, Missouri
19. (a) 12-25-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature) /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1947 hour 3:45 minute A.M.
21. I hereby certify that I attended the deceased from Dec. 1, 1947 to Dec. 6, 1947; that I last saw him alive on Dec. 6, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Toxic Myocarditis
Due to: Lobar Pneumonia
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: ____
Of autopsy: ____

Duration

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) ____
(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) 3
While at work? ____ (e) Means of injury ____
23. Signature: H. G. Schmitt (M. D. or other) DO
Address: Kirksville Mo Date signed Dec 8-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 12-47-182
Date Filed DEC 31 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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.