No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Harrell

State File No. 13195

FILED APR 28 1948

Registration District No. 170

Primary Registration District No. 5632

Registrar's No. 50

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Rural Osage T.S.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Laclede 53
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Dry Knob Mo. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Emma J. Bentch
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 C. P. Bentch
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Apr. (Month) 28 (Day) 1871 (Year)

8. AGE: Years 74 Months 11 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Oceola Mo (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business .....
FATHER
12. Name David Love
13. Birthplace Va. / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy J. Cook
15. Birthplace Va. / (City, town, or county) (State or foreign country)
16. (a) Informant C. J. Bench
(b) Address Dry Knob. Sts Rt 3.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Mo
18. (a) Signature of funeral director Palmer
(b) Address Lebanon Mo.
19. (a) 4-23-48 (Date received local registrar) (b) Tressie B. Lynch (Registrar's signature) 152

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 5
year 1948 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from 12-31- 1948, to 4-5- 1948;
that I last saw her alive on 2-3- 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis and Myocardial degeneration	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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) .....
(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) 0
While at work? ..... (e) Means of injury .....
23. Signature B. E. Harrell (M. D. or other) MD
Address Lebanon Mo Date signed 4-9-48

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

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

Received 4/27/48

[illegible]clere County Health Unit

[illegible] 4-48-54

Date Filed 4/27/48

LICENSED EMBALMER

[illegible]everse side of this certificate was embalmed by me, or by

[illegible] Registered Apprentice No. 8[illegible]

Signed [illegible]

Licensed Embalmer No. 2208

P. O. Address [illegible]

[illegible]EMBALMER in his OWN HANDWRITING. (Failure to comply with

S. No. 2B
M—3-45
IX43880

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

State File No. May

Registration District No. 170 Primary Registration District No. 5632 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emma J. Benlett

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 Married

6. (b) Name of husband or wife

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

7. Birth date of deceased April 28 1888
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) No (State or foreign country)

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April 5
year 1948 hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S- 13195