. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15395

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 149

10
2
4

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 207 Bryant St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 48 yrs. 1 mo. 21
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 207 Bryant St. 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BESSIE BENTLY
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced widowed 9
6. (b) Name of husband or wife Andrew Bently
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr. (Month) 6 (Day) 1900 (Year)

8. AGE: Years 48 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Cook
11. Industry or business private home
FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Goldie Williams
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stuart Parker
(b) Address Columbia, Missouri
19. (a) 6-3-48 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Apr~~ 5 day 27
year 1948 hour 9:30 minute 309 M.

21. I hereby certify that I attended the deceased from 20 May 1948 to May ~~20~~ 27 1948;
that I last saw her alive on May 26 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Hypertension & Syphilis
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operations no op
Of autopsy no post 309

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)
While at work? (e) Means of injury 0

23. Signature A W Lauchschmidt (M. D. ~~or other~~)
Address Columbia Mo Date signed 6-1-48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 10 1948

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 Stuart R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.