S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

18932

State File No.

FILED JUN 18 1948

Registration District No. 84

Primary Registration District No. 5243

Registrar's No. 40

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

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Chariton "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 80 yrs. 9 mos. 9 das.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles east of Forest Green
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lalla Cockerill Bentley
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 Married
6. (b) Name of husband or wife William F. Bentley
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased August (Month) 29 (Day) 1867 (Year)

8. AGE: Years 80 Months 9 Days 9 If less than one day hr. min.
9. Birthplace Glasgow (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name H. Clay Cockerill
13. Birthplace Glasgow (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Kate Almond
15. Birthplace Platte City (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mr. Almond Bentley
(b) Address Glasgow, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Green Mo.
18. (a) Signature of funeral director Audley-Friemonth
(b) Address Glasgow Mo.
19. (a) 6-9-48 (Date received local registrar) (b) G W Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1948 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 18, 1948, to June 8, 1948 that I last saw her alive on June 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to

Due to Chronic Arteriosclerosis

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)
While at work? (e) Means of injury
23. Signature G W Hawkins (M. D. or other)
Address Salisbury Mo. Date signed 6/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-17-48

JUL 25 1956

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 Ell Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.