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National Office of Vital Statistics

FILED SEP 29 1948

STANDARD CERTIFICATE OF DEATH

State File No. 29020

Registration District No. 43 — Primary Registration District No. 4056 — Registrar's No. 315

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Fish, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mo. (b) County Butler
(c) City or town Fish
(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 Clara Ann Bender
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband ~~or wife~~ James Bender
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec (Month) 31 (Day) 1885 (Year)

8. AGE: Years 62 Months 8 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Marshaltown, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name William Huffman
13. Birthplace Ind. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hester Randleman
15. Birthplace Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Glenn Bender
(b) Address Fish, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Hill
18. (a) Signature of funeral director W. H. Liley
(b) Address Rector Ark
19. (a) 9-23-48 (Date received local registrar) (b) R H Mueller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1948 hour 10 minute P M.
21. I hereby certify that I attended the deceased from July 1946, to Sept 20 1948; that I last saw her alive on Sept 20 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Carcinoma	
Due to	
Due to Cancer of stomach	
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)
While at work? ..... (e) Means of injury 2
23. Signature L B Sutlings (M. D. or other) DO
Address Fish Mo. Date signed 9-23/48

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

RECEIVED
District Health Office No. 2,
District File Number 948-1222
Date Filed 9-22-48

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 Bob Cranford, ~~Registered Apprentice~~ Licensed No. 824, working under my personal supervision.

Signed Dan McBride

Licensed Embalmer No. 776 Ark

P. O. Address Rector, Ark

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.