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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39050

Registration District No. 324 Primary Registration District No. 6082 Registrar's No. 245

1. PLACE OF DEATH:

(a) County Saline

(b) City or town R.F.D. No. 4, Marshall
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Arrow Rock, Township
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none /
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97

(c) City or town R.F.D. Marshall
(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 Mary Alice Bennett

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female /

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 14 (Day) 1877 (Year)

8. AGE: Years 71 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Montgomery Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation at home

11. Industry or business

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

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

16. (a) Informant Mrs. A. C. Baldwin
(b) Address R.F.D. Marshall, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Gilliam, Mo.

18. (a) Signature of funeral director Hill Brothers
(b) Address Slater, Mo.

19. (a) Nov 29-1948 (Date received local registrar) (b) Sidney T. Gross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1948 hour 1 minute 30 a M.

21. I hereby certify that I attended the deceased from May 1948, 19 , to Nov. 22, 1948
that I last saw her alive on Nov. 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Phthisis Pulmonalis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration

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 R. L. Lawless (M. D. or other)
Address Marshall Mo Date signed 11-29-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-14-48

DEC 16 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 Guy F. Hays Jr, Registered Apprentice No. 88 working under my personal supervision.

Signed, Sam M. Hill

Licensed Embalmer No. 1292

P. O. Address Slater Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.