

S. No. 30
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39902

FILED DEC 20 1948
Registration District No. 32

Primary Registration District No. 5373

Registrar's No. 170

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

1. PLACE OF DEATH:

(a) County Sturdy

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

(c) Name of hospital or institution: Brenton Mo. Route #3 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 37 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sturdy ⁴⁰

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

(d) Street No. Brenton Mo. R.R. #3
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ALICE ISABELLE BENNETT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month November day 27
year 1948 hour 12 minute 30 A.M.

4. Sex Female / 5. Color or race White

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased February 18 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 22 1948 to Nov 27 1948
that I last saw her alive on Nov. 24 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 9 Days 9 If less than one day
hr. _____ min. _____

Immediate cause of death Generalized Carcinomatosis from Abdominal
Due to Sumo
Probable Ovarian
is origin

Duration 1948

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Weldon Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations _____
Of autopsy 4.96

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business Home

12. Name Monroe McCarl

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Ida Hill

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Bennett

(b) Address Brenton, Mo.

17. (a) Burial (b) Date thereof Nov. 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cemetery

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Brenton, Mo.

19. (a) 11-29-48 (b) Frene Jarr
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature E. A. Deuffy (M. D. _____)

Address Brenton 7122 Date signed 11/27

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.....

Rollin L. Richardson, Registered Apprentice No. *271*
working under my personal supervision.

Signed *Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Stenton 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.