

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 5120		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 10 Mi. N.W. Columbia		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia, Rural		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Columbia, R.F.D. /				d. STREET ADDRESS (If rural, give location) 10 Mi. N.W. Columbia			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) WASHINGTON		c. (Last) BENNETT		4. DATE OF DEATH (Month) (Day) (Year) January 24, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 1 1862	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Boone County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Judd		13b. MOTHER'S MAIDEN NAME Ella Mary Crane		14. NAME OF HUSBAND OR WIFE W.B. Bennett "Deceased"			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Noble Bennett Columbia Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Decompensation				INTERVAL BETWEEN ONSET AND DEATH 1-12-49		1-14-49	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES		1-12-49	
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.				DUE TO (b) Senile Debility			
				DUE TO (c) Total loss normal functions of appetite, Bowel evacuation			
				DUE TO (c) Hypertension			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from _____, 19____, to Jan 12, 1949, that I last saw the deceased alive on Jan 12, 1949, and that death occurred at 11:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter Spaska D.O.				23b. ADDRESS 311 C.C. Ave. Columbia Mo		23c. DATE SIGNED 1-15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 16, 1949		24c. NAME OF CEMETERY OR CREMATORY New Liberty		24d. LOCATION (City, town, or county) (State) Ashland, Boone, Mo.	
DATE REC'D BY LOCAL REG. Jan 15, 1949		REGISTRAR'S SIGNATURE Mrs R & Palmer 310		25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 407 CC Ave.			

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JAN 21 1949

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~~.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lynnan Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia*

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.