

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1110

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 2 1949

Registration District No. 190

Primary Registration District No. 3024

State File No.

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Missouri
(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 All his life (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Henderson Bentley

3. (b) If veteran, name war World War 1 3. (c) Social Security No. -----

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katie Bentley 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Jan. 10 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 0 12 hr. min.

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business -----

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Mary Bentley

(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 1/24/49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette, Missouri

(d) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 1-29-1949 (b) Dorothy Fern Baker
(Date received local registrar) (Registrar's signature) 1104

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45
(c) City or town Fayette 1
(If outside city or town limits, write "RURAL")
(d) Street No. South Church 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1949 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 21 1949
to Jan 22 1949
that I last saw him alive on Jan 22 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage, massive 48 hours
Duration

Due to -----

Due to -----

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 331

Of autopsy -----

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?

While at work? (Specify type of place) (e) Means of injury C

23. Signature Francis D. Dean (M. D. or other) M.D.

Address Lee Hospital Fayette, Mo. Date signed 1-25-49

RECEIVED

District Health Officer No. 8,

District File Number

Filed

2-1-49

MAR 8 1949

MAR 16 1949

MAR 14 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~~

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

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.