

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18293

BIRTH NO. _____		REG. DIST. NO. <u>326</u>	PRIMARY REG. DIST. NO. <u>4482</u>	Registrar's No. <u>32</u>
1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTLAND</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEMPHIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEMPHIS</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM BENNETT</u> b. (Middle) _____ c. (Last) <u>McLANE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 26 1866</u>	9. AGE (In years last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS/OR INDUSTRY <u>JEWELRY</u>	11. BIRTHPLACE (State or foreign country) <u>SCOTLAND COUNTY, MA, USA</u>	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>DANIEL McLANE</u>		13b. MOTHER'S MAIDEN NAME <u>DRUSILLA BENNETT</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA McLANE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>J. R. McJaul</u> ADDRESS _____	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1122</u>		INTERVAL BETWEEN ONSET AND DEATH <u>21</u>
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) (m.) _____		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 <u>1-20</u> , 19 <u>49</u> , to <u>4-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-14</u> , 19 <u>49</u> , and that death occurred at <u>12:15 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>J. R. McJaul</u>		23b. ADDRESS <u>Nashota Mo</u>		23c. DATE SIGNED <u>4-13-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/17/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS</u>	24d. LOCATION (City, town, or county) (State) <u>MEMPHIS MO</u>
DATE REC'D BY LOCAL REG. <u>5/2/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>407</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Memphis</u>

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 14 1950

JUN 12 1950

RECEIVED

District Health Officer No.

District File Number 64916

Date Filed JUN 8 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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.