

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30804**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>200</u>		Registrar's No. <u>395</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> c. LENGTH OF STAY (in this place) <u>10yr</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Connor Hotel</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> <u>0495</u> d. STREET ADDRESS (If rural, give location) <u>Connor Hotel</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u> b. (Middle) <u>MANKER</u> c. (Last) <u>BENNETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 5, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>October 23, 1858</u>	
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. _____		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Manker</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Morrow</u>			14. NAME OF HUSBAND OR WIFE <u>T.I. Bennett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. Will Marsh Joplin, Missouri</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation of Heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>11</u> <u>447X</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) (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 <u>July</u> 19 <u>49</u> , to <u>Sept</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 5</u> , 19 <u>50</u> , and that death occurred at <u>9:11A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. B. Jogeret D.O.</u>				23b. ADDRESS <u>Francis Bldg. Joplin, Mo.</u>		23c. DATE SIGNED <u>Sept 6, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-8-50</u>		REGISTRAR'S SIGNATURE <u>Edw. J. James</u> <u>138</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedge Lewis Webb City, Missouri</u>			

(Licensed Embalmer's Signature on Reverse Side)

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

0495

RECEIVED 9-19-50

Jasper County Health Office

County File Number 50-9-677

Date Filed 9-21-50

SEP 23 1950

OCT 3 1950

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 Leonard J. Rennie

Licensed Embalmer No. 4561

P. O. Address Will City, 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.