

REC'D FEB 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2435

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349
(b) Township..... Primary Registration District No. 4207 Registered No. 1
(c) City Calhoun or..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

532 LOUISA BENTZ
(a) Residence, No. Calhoun mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bentz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 25 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 5 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drum Hill Illinois13. NAME Mitchell Sauerwein14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Margaret Ford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Andy Bentz Calhoun MO18. BURIAL, CREMATION, OR REMOVAL PLACE Drake's Chapel DATE Jan - 6 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkinson Clinton MO20. FILED 1-3 19 39 Mrs. A. A. Wray Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 4 1939

22. I HEREBY CERTIFY, That I attended deceased from

Apr 19 to Jan 4, 1939
I last saw her alive on Jan 4, 1939. Death is said to have occurred on the date stated above, at 4:00 P.M.
The principal cause of death and related causes of importance were as follows:

Cancer Liver
Cancer
H/O
Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? not

If so, specify.....

(Signed) A. A. Wray, M. D.(Address) Calhoun Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7;
District File Number 7-39-187
Date Filed 2-6-39

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Fred Wilkerson

Licensed Embalmer No. 4778

P. O. Address *London*

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, above space should be left blank.