

REC'D FEB 21 1939

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

2457
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry 2
 (b) Township Esage 1
 (c) City (d) Street No.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 530
 2. PRINT FULL NAME Willie Sophronia Bennett
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE John Milton Bennett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25 - 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 10 10
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) (f) Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor, Missouri
 13. NAME William Hines
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Elizabeth Douglas
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFANT (ADDRESS) Jewel Moree Brownington, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Maplewood Jan 17, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Rickett, Brownington, Mo.
 20. Jan-17 1939 C. R. Taylor, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 1939
 22. I HEREBY CERTIFY That I attended deceased from Jan 17 1939, to Jan 15 1939
 I last saw her alive on Jan 15 1939 Death is said to have occurred on the date stated above, at 11:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Influenza
Pulmonary Edema
 Date of onset Jan 3, 1939
 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?
 If so, specify C. R. Taylor, M.D.
 (Signed) C. R. Taylor, M.D.
Brownington, Mo.
 313 (Address)

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 2-39-197
Date Filed 2-7-39

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,

Tom Rust

....., or by

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

Signed

Tom Rust

Licensed Embalmer No. 2782

P. O. Address Deepwater, 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, above space should be left blank.