

JAN 16 1942

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond Mo.  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray  
(c) City or town Richmond Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Eugene Bennett

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 1941  
year 1941 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from 12-19-1941 to 12-19-1941  
that I last saw her alive on 12-19-1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159

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) \_\_\_\_\_ Means of injury D

23. Signature Stos J. Cook (M. D. or other) MD.  
Address Richmond Mo Date signed 12-20-41

4. Sex Female

5. Color or race Bl.

6. (a) Single, widowed, married, divorced LD

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 19-1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 hr. 15 min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Clifford Bennett

13. Birthplace Ray Co Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Christine Campbell

15. Birthplace Ray Co Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Bennett

(b) Address 1 Richmond Mo.

17. (a) Burial (b) Date thereof Dec-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director Ammasu

(b) Address Richmond Mo.

19. (a) Dec 20-41 (b) Malcolm Johnson  
(Date received local registrar) (Registrar's signature)

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

9

12-20-41

RECEIVED

District Health Officer No. 8,

File Number

1-14-42

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

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.