

S. No. 2  
DM-5-42  
v. 5-17-39  
X32873

40630

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 11 1942  
Registration District No. 109

Primary Registration District No. 4168

Registrar's No. 70

32  
2  
0

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

1. PLACE OF DEATH:  
(a) County DENALB  
(b) City or town MAYSVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 YRS. (Specify whether)  
In this community 40 YRS. years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County DENALB  
(c) City or town MAYSVILLE  
(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 0

3. (a) PRINT FULL NAME MARY S. BENNETT  
(b) If veteran, name war .....  
(c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DEC day 24  
year 1942 hour 7 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 9am  
1942 to Dec 24, 1942  
that I last saw him alive on Dec 24, 1942  
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.  
6. (b) Name of husband or wife L. BENNETT. 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased DEC 24 1968 (Month) (Day) (Year)

Immediate cause of death Chronic Endocarditis  
Duration

8. AGE: Years 74 Months 0 Days 0 If less than one day hr. min.

Due to  
Due to

9. Birthplace OHIO (City, town, or county) (State or foreign country)  
10. Usual occupation AT HOME

Other conditions Bar repeated - bacterial pneumonia (Include pregnancy within 5 months of death)  
PHYSICIAN

MOTHER FATHER  
11. Industry or business  
12. Name HENRY WINSLOW  
13. Birthplace OHIO (City, town, or county) (State or foreign country)  
14. Maiden name HANNA HUEMAN  
15. Birthplace OHIO (City, town, or county) (State or foreign country)

Major findings: Of operations 12/18  
Of autopsy  
Underline the cause to which death should be charged statistically.

16. (a) Informant Henderson Johnson  
(b) Address MAYSVILLE MO  
17. (a) BURIAL (b) Date thereof 12/27/42 (Month) (Day) (Year)  
(c) Place: burial or cremation RIDGEVILLE, CEM.  
18. (a) Signature of funeral director FUCHER F. HOME  
(b) Address MAYSVILLE MO  
19. (a) 12/29/42 (Date received local registrar) (b) (Registrar's signature)

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)  
23. Signature Dr. R. McDonald DO  
Address Maysville Mo Date signed 12/25/42

1248 (Licensed Embalmer's Statement on Reverse Side)

**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: *[Handwritten Signature]*  
.....  
Licensed Embalmer No. *3960*  
.....  
P. O. Address *Mayville 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.**