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Registration District No. 378

Primary Registration District No. 4245

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Marshfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
X /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 (Specify whether  
In this community 10 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 112

(a) State Missouri (b) County Webster

(c) City or town Marshfield 0  
(If outside city or town limits, write "RURAL")

(d) Street No. X (If rural, give location)

(e) Citizen of foreign country No (Yes or No)  
If yes, name country X 0

3. (a) PRINT FULL NAME Ada Barbara Bennett

3. (b) If veteran, name war X 3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12  
year 1943 hour 4 minute 30 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife James Bennett 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased March - 26 - 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 30 1943 to Jan 12 1943  
that I last saw h. u alive on Jan 12 1943  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>9</u>	<u>16</u>	<u>X</u> hr. <u>X</u> min.

Immediate cause of death:  
Apeoplexy  
Due to Hypertension + Arteriosclerosis

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

Other conditions (Include pregnancy within 3 months of death)  
g30

10. Usual occupation Housewife

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business Home

12. Name Eli Enfield

13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Lavina

15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel George

(b) Address Marshfield, Mo

17. (a) Burial (b) Date thereof Jan. 14 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield

18. (a) Signature of funeral director R. Rainey

(b) Address Marshfield, Missouri

19. (a) 2/10/43 (b) J. Bruce  
(Date received local registrar) (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?

23. Signature J. Bruce M.D. (M. D. or other)  
Address Marshfield Mo. Date signed 1/24/43

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

RECEIVED

District Health Officer No. 6,

District File Number 234-170

Date Filed FEB 8 1943

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 [Signature]  
Licensed Embalmer No. 5812  
P. O. Address Marshfield, Ma.

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.