S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40964

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 291

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 314-E-Dunklin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 314-E-Dunklin
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JOSEPHINE BENNETT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife Joel Logan

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

7. Birth date of deceased Oct. 14, (Month) (Day) 1851 (Year)

8. AGE:	Years	Months	Days	If less than one day
	93	2		hr. min.

9. Birthplace Calloway Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House wife

11. Industry or business At Home

FATHER
12. Name Harry Jones
13. Birthplace Calloway Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ursula Jones
15. Birthplace Calloway Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Rosetta Bennett Graves

(b) Address 314 E. Dunklin St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-44 (Month) (Day) (Year)

(c) Place: burial or cremation National

18. (a) Signature of funeral director Tanner Simon

(b) Address 700 Jefferson

19. (a) 12-18-44 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 13th year 1944 hour 9 minute 5 P.M.

21. I hereby certify that I attended the deceased from December 1st, 1944, to Dec. 13, 1944; that I last saw her alive on Dec. 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hypertrophic Hepatitis

Duration for some time

Due to

Due to 124 b'

Other conditions Anemia + Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy no

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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature R G Richardson (M. D. ~~or other~~)

Address Jefferson City, Mo Date signed 12/15/44

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1945

FEB 2 1945

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 12-19-44

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 L H Anderson

Licensed Embalmer No. 8641

P. O. Address Jamestown

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.