

FILED JAN 5 1946

Registration District No. 7

Primary Registration District No. 4154

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Shenfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 74 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29
(c) City or town Shenfield
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDNA PARTHINE COUTLER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William P 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 4 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER
12. Name John H. Bennett
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Parthine Brown
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Couster
(b) Address Shenfield

17. (a) Burial (b) Date thereof 12-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garry Cemetery

18. (a) Signature of funeral director Sam J. Sweeney Jr
(b) Address Shenfield, Mo.

19. (a) 12-13-1945 (b) J. Lee L. Webb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1945 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12-7, 1945, to 12-9, 1945,
that I last saw her alive on 12-8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____
Due to _____

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

Major findings: Of operations JSW
Of autopsy _____

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 injury)
(c) Means of injury _____

23. Signature A. D. Cowan (M. D. or other) _____
Address Shenfield Mo. Date signed 12-12-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1423

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1976

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.

Body was not embalmed - Signed *Sam E. Sersoney Jr*

Licensed Embalmer No. *4099*

P. O. Address *Greenfield, Md.*

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.