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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15907

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 186

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital no. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether

In this community 14 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 14

(c) City or town K.C. Mo 1 (If outside city or town limits, write "RURAL")

(d) Street No. 816 Huntington Road 2 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Della Bennett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Sept (Month) 11 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	7	29	hr. min.

9. Birthplace Portsmouth (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wesley Tipton
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) DK 9 (State or foreign country)

16. (a) Informant Glenn C. Bennett

(b) Address K.C. Mo 816 Huntington Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Hutchinson, Kan

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 712 Court St Fulton, Mo.

19. (a) May 13 1946 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 10 h year 1946 hour Two minute 30 P. M.

21. I hereby certify that I attended the deceased from April 23, 1946, to May 10, 1946; that I last saw her alive on May 10, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to Acute Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Forrest Thomas (M. D. or other)

Address Fulton Mo 90 State Hwy Date signed 10/10 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 6-8-46

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 Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton 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.