

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 3619-165 Primary Registration District No. 165-561 Registrar's No. _____

1. PLACE OF DEATH
 (a) County Johnson
 (b) City or town Rural Postok Twp
(If outside city or town limits, write "RURAL" and num of township)
 (c) Name of hospital or institution:
4 1/2 mi N.E. of Lector
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 2 1/2 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Johnson
 (c) City or town 4 1/2 mi N.E. Lector
(If outside city or town limits, write "RURAL")
 (d) Street No. Lector Mo.
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ella Bennett
 (b) If veteran, name war no
 (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 15
 year 1947 hour 3 minute 30 a M.

4. Sex 7 1 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Jacob Bennett
 (c) Age of husband or wife if alive ✓ years
 Birth date of deceased Dec 19-1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1, 1946 to Mar 15, 1947
 that I last saw h. or alive on March 13, 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 2 Days 26
 If less than one day hr. _____ min. _____

Immediate cause of death: Acute gastroenteritis
Generalized arteriosclerosis
 Due to _____
 Due to _____
 Duration 3 days
1 yr

9. Birthplace Edwards Co Ill
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy 170

10. Usual occupation None
 11. Industry or business _____

MOTHER FATHER
 12. Name Wm Hunter
 13. Birthplace Ill.
(City, town, or county) (State or foreign country)
 14. Maiden name Sara Hunter
 15. Birthplace Ill.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ben Bennett
 (b) Address Lector Mo RR # 2
 17. (a) Burial (b) Date thereof 3-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Long Jack Mo

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? _____

18. (a) Signature of funeral director Lee's Summit Mo
 (b) Address Lee's Summit Mo
 19. (a) 3/21 (b) Thm Meme
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Phoe Cooper (M. D. or other) _____
 Address Warrenburg Mo Date signed 3/15/47

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

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 W. B. Langford

Licensed Embalmer No. 3833

P. O. Address Leis Summit

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.