S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13820

Registration District No. 43 — Primary Registration District No. 3007 — Registrar's No. 135

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 Days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard

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

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

(e) Citizen of foreign country? (Yes or No) If yes, name country /

3. (a) PRINT FULL NAME Mrs Mattie Bennett

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Marion Bennett

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

7. Birth date of deceased Dec. (Month) 14 (Day) 1876 (Year)

8. AGE: Years 66 | Months 4 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Fort Worth (City, town, or county) Texas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Huggins
13. Birthplace --- (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Lewis
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant C. M. Bennett
(b) Address Bloomfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 28-43 (Month) (Day) (Year)

(c) Place: burial or cremation Walker cemetery

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) 4-28-43 (Date received local registrar) (b) Bessie Kinne (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 3-18, 1943 to 4-26, 1943 that I last saw h.er alive on 4-26 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Burns 2nd + 3rd degree, extensive	
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) Burns 103

(b) Date of occurrence 3-18-43.

(c) Where did injury occur? At home. (City or town) Bloomfield (County) Stoddard (State) Mo.

(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 J. Fonda (M. D. ~~or other~~)

Address Poplar Bluff, Mo. Date signed 4-26-43

RECEIVED
District Health Office No. 2,
District File Number 543-665
Date Filed 5-11-43

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 Jesse Clifton Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.