

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

FILED OCT 4 1947
Registration District No. 318

State File No. 8029
Registrar's No. 1003

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3652 EVANS AV
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... GRACE 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..... MARRIED
6. (b) Name of husband or wife..... ESTEY
6. (c) Age of husband or wife if alive..... 52 years
7. Birth date of deceased..... DEC 15 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 4 hr. min.

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

10. Usual occupation..... HOUSEWIFE

11. Industry or business.....

MOTHER FATHER
12. Name..... ISAAC Mc DANIAL
13. Birthplace..... ST. GENEVIEVE Mo
(City, town, or county) (State or foreign country)
14. Maiden name..... CORA BECK GROFF
15. Birthplace..... PINKNEYVILLE Mo
(City, town, or county) (State or foreign country)

16. (a) Informant..... MR ESTEY BENNETT
(b) Address..... 3652 EVANS AV

17. (a) BURIAL (b) Date thereof..... 9-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... PRESANT Hill Cem

18. (a) Signature of funeral director..... COZERN FUNERAL Home
(b) Address..... FARMINGTON, Mo.
19. (a) SEP 24 1947 (b) J. T. Brabek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OR PLACE OF DEATH:

(a) State..... Mo (b) County.....
(c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3652 EVANS AV
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Sept day..... 19
year..... 1947 hour..... 4 minute..... 00 A.M.

21. I hereby certify that I attended the deceased from..... 8/16 1947, to..... 9/19 1947
that I last saw him..... alive on 9/19 1947
and that death occurred on the date and hour stated above.
Duration.....

Immediate cause of death..... Chronic Myocarditis
Due to..... Chronic Interstitial Nephritis
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause of 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..... Dr. Frederick Killebee other.....
Address..... 8227 Shannon Date signed..... 9/19/47

Handwritten marks and numbers: 42, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

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..... *Alcozan*
Licensed Embalmer No. *4084*
P. O. Address..... *Farmington, N.H.*

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.