

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23220

Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 1122
 (b) Township Clark Primary Registration District No. 6226
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 60 yrs. 6 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LUCKETTA BENNETT
 (a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William G. Bennett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 19-1877</u>		
7. AGE <u>60</u>	YEARS <u>6</u>	MONTHS <u>14</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as saw mill, bank, etc. <u>None</u>
10. Date deceased last worked at this occupation (month and year) <u>May 10-1938</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Manassas Missouri</u>		
13. NAME <u>Frank Smith</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
15. MAIDEN NAME <u>Angeline Coday</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Manassas Missouri</u>		
17. INFORMANT <u>Isaac Bennett</u> (ADDRESS) <u>Manassas Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cashley Cem</u> DATE <u>July 3 1938</u>		
19. FUNERAL DIRECTOR <u>P. F. G. Stiff</u> (ADDRESS) <u>Manassas Mo</u>		
20. FILED <u>7-7-38</u> BY <u>Roy A. Burnett</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1938

22. I HEREBY CERTIFY That I attended deceased from May 11, 1938, to July 3, 1938
 I last saw him alive on July 12, 1938. Death is said to have occurred on the date stated above, at 12:30 m.
 The principal cause of death and related causes of Importance were as follows:
Bronchial Pneumonia
93 W
 Other contributory causes of importance:
General Debility with
Aortic Stenosis
203 W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. J. Fison, M. D.
 (Address) Manassas Mo

STATEMENT BY LICENSED EMBALMER

I, F.A. Stoffe, Licensed Embalmer No. 3221
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Notem balmed
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed F.A. Stoffe
Licensed Embalmer No. 3221

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23220

Do not use this space.

1. PLACE OF DEATH

(a) County Wright

Registration District No. 1122

(b) Township Clark

Primary Registration District No. 6226

Registered No. _____

(c) City _____

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Isaac Bennett

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7-7-38 19 Roy A. Burnett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw him alive on 19... Death is said

to have occurred on the date stated above, at...m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Fuson, M. D.

(Address) Manassas

THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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