

NOV 17 1938

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

36913  
Do not use this space.

1. PLACE OF DEATH 2

(a) County Saline Registration District No. 796

(b) Township 1 Primary Registration District No. 3038 Registered No. 147

(c) City Marshall (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(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 FRED BENNETT, Jr.

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 ddy. hrs. or min.  
0 0 1 14 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant

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) Marshall Mo.

FATHER 13. NAME Fred J. Bennett

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

MOTHER 15. MAIDEN NAME Frances Martin

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

17. INFORMANT (ADDRESS) Fred J. Bennett Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Oct. 18, 1938

19. FUNERAL DIRECTOR (ADDRESS) Shook & McCary Marshall, Mo.

20. FILED 10-18-38 Mary Kent 712 (Address) Marshall Mo.  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1938, to Oct 18, 1938

I last saw him alive on Oct 17, 1938. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:  
Premature child, Co2 in Abnormal Amount, Digestive System Underdeveloped, Unable to absorb Nutrition, Circulatory System Not Normal

Other contributory causes of importance: 151

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) E. O. Macey D.D., M. D.  
(Address) Marshall Mo.

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.

RECEIVED  
DISTRICT HEALTH COMMISSION (NO. 6)  
DISTRICT FID NO. 111058  
Date Filed 11/10/58

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

**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.)**