

REC'D MAY 19 1939

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

16224  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Sullivan Registration District No. 852  
 (b) Township 1st Primary Registration District No. 6130 Registered No. ....  
 (c) City Milan (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
 (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 Bennett Weston Hollon  
 (a) Residence, No. Milan, Mo. 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Alvin Bennett  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 1851  
 7. AGE YEARS 88 MONTHS ..... DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.  
 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. Retail Groceries  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1939  
 22. I HEREBY CERTIFY, That I attended deceased from April 25, 1939, to April 29, 1939. Last saw him alive on April 29, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy.  
Arteriosclerosis.  
 Other contributory causes of importance .....

Date of onset .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cora, Sullivan Co.  
 FATHER 13. NAME Estevan Hollon  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County  
 MOTHER 15. MAIDEN NAME Elizabeth Hoskins  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cora, Mo.  
 17. INFORMANT Mrs Ed Carson (ADDRESS) Kansas City, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood DATE 5-1-39  
 19. FUNERAL DIRECTOR Regin Y. Lee (ADDRESS) Milan, Mo.  
 20. FILED May 1, 1939 Geo Ragan Local Registrar

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) Quinn R. Beecher, M.D.  
 (Address) Milan, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Health Officer No. 10

File Number 10-39-957

Period MAY 10 1939

STATEMENT BY LICENSED EMBALMER

I, Russell C. Reggie, Licensed Embalmer No. 3792

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Russell C. Reggie

Licensed Embalmer No. 3792

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.)