REC'D JUL 19 1939

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

22741
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe 2
(b) Township or (c) City Woodlawn 1
Registration District No. 587
Primary Registration District No. 15881
Registered No. 5
(d) Street No. 530 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. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

69

2. PRINT FULL NAME Harriett E. Bennett
(a) Residence, No. Jacksonville Missouri. St.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 27, 1859

7. AGE: Years 80 | Months 1 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) May, 2, 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Missouri 0

FATHER
13. NAME Edd Holder 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER
15. MAIDEN NAME Jane Morris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT W.H. Bean
(ADDRESS) R.F.D.#1 Madison Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE June, 10, 1939

19. FUNERAL DIRECTOR (NAME) Snow Funeral Home
(ADDRESS) Moberly Missouri.

20. FILED June 9 1939 [illegible] Local Registrar. 517

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1939, to June 8, 1939
I last saw h. alive on June 1, 1939. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

Epidemic Cordites
Chronic
N & W

Date of onset 1934

Other contributory causes of importance:
Arteriosclerosis

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? No
If so, specify
(Signed) John P. Allen, M. D.
(Address) Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Officer No. 10
District Filo Number 7-39-1309
Dato Filod JUL 17 1939

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 myself and R. M. Cater, Registered Apprentice No. 185 working under my personal supervision.

Signed Thos E Barnes

Licensed Embalmer No. 2414

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.