

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

25933
Do not use this space.

REC'D AUG 17 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. 1706 Jackson 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

(a) Residence, No. 1706 Jackson 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 1956

7. AGE YEARS 82 MONTHS 7 DAYS 23 * LESS than 1 day, _____ hr. 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. Carpenter
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) Waverly

FATHER 13. NAME Joseph H. Bennett

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

MOTHER 15. MAIDEN NAME Martha Norman

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

17. INFORMANT (ADDRESS) Roy Bennett

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 7-15-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul Bennett

20. FILED 7-17-39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1939

22. I HEREBY CERTIFY that I attended deceased from July 3 1939 to July 13 1939

I last saw him alive on July 13 1939 Death is said to have occurred on the date stated above, at 9:55 a.m.

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

Cerebral hemorrhage
82W

Other contributory causes of importance:

arterio-sclerosis

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 _____

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

If so, specify _____

(Signed) Dr. Hill _____ M. D.

(Address) Joplin Mo.

Local Registrar.

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. 6,

District File Number 839-1630

Date Filed AUG 10 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

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No. 9579

P. O. Address Spencer Mass

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, above space should be left blank.