

Registration District No. 651 DEED NOV 15 1939 Primary Registration District No. 1862

Registrar's No. 103

1. PLACE OF DEATH: 2
(a) County Jefferson
(b) City or town near Cruthersville mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
L.H. ...
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Harrell Floyd Bennett
3. (b) If veteran, name war _____ 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5-23-1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 4 25 hr. min.

9. Birthplace Mericks Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____
MOTHER FATHER
12. Name Henry Bennett
13. Birthplace Mericks Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Grace Turner
15. Birthplace Mericks Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kenneth P. ...
(b) Address Cruthersville mo
17. (a) Removal (b) Date thereof Oct. 19, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Huffman Ark.

18. (a) Signature of funeral director More. ...
(b) Address Cruthersville, Mo
19. (a) Oct. 22, 1939 (b) Ceda Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County Permiel
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 18 day oct
year 1939 hour 2-30 minutes A. M.
21. I hereby certify that I attended the deceased from Oct 17 to Oct 17, 1939
that I last saw him alive on Oct. 17, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Schizophrenia
Due to infection
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature ... (M. D. or other) _____
Address Cruthersville Date signed _____

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.

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RECEIVED
District Health Officer No. 5,
District File Number 1159
Date Filed 11/7/39

PHOTO COPY AVAILABLE
BY THE DISTRICT HEALTH OFFICER

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.....

P. O. Address.....

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

368357
Do not use this space.

1. PLACE OF DEATH
 (a) County Emiscent Registration District No. 657
 (b) Township Little Prairie Primary Registration District No. 3862
 (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 Harold Lloyd Bennett
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED child
 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.
4 25
 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) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____
 19. FUNERAL DIRECTOR (ADDRESS) _____
 20. FILED _____ 19____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
 I last saw h. 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:
Dehydration Malnutrition 150
Other contributory causes of importance:
one time - 2 days before death - they diagnosed with maldigestion - I was
never be a guess
 Name of operation _____ Date of _____
 Was confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
No violence Date of injury _____
 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 IB
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J.P. Lutten, M. D.
 (Address) Caruthersville, Mo

SUPPLEMENTED

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

Local Registrar.

