

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39779

Registration District No. 0370

Primary Registration District No. 4216

Registrar's No. 15

1. PLACE OF DEATH:

(a) County HOLT 2  
(b) City or town FOREST CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
HIGHWAY 111  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
(Specify whether years, months or days) 13 yrs

8. (a) PRINT FULL NAME JULIA ANN BENNETT

8. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife John H. Bennett 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased aug 12 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 21 If less than one day X hr. X min.

9. Birthplace RAY County, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business X

MOTHER FATHER { 12. Name Samuel Pytore 18. Birthplace Richmond Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Noble  
15. Birthplace Richmond Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. E. Bennett  
(b) Address Forest City Mo

17. (a) oswego Kansas (b) Date thereof Dec 9 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation OSWEGO KANSAS

18. (a) Signature of general director J. Fred Terhune  
(b) Address Springfield Mo

19. (a) 12-7-39 (b) Shorthandler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Forest city mo

(a) State Mo (b) County Holt  
(c) City or town Forest City  
(If outside city or town limits, write "RURAL")  
(d) Street No. highway - 111  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6  
year 1939 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1939, to Dec 6, 1939, and that I last saw him alive on Dec 6, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Branches Pneumonia Duration 6 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Old Age  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
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 Albert Harms M.D. (M. D. or other) !  
Address Forest City, Mo Date signed 12/13/39

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.

RECORDED  
District No. 11  
1239-1262  
Date DEC 18 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.....

*J. Fred Turhune*, Registered Apprentice No.....  
working under my personal supervision.

Signed *J. Fred Turhune*  
Licensed Embalmer No. *1279*  
P. O. Address *Savannah*

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.