

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.

JAN 15 1940

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

45002

Do not use this space.

## 1. PLACE OF DEATH

(a) County WRIGHTRegistration District No. 1122(b) Township CLARKPrimary Registration District No. 2226

(c) City

(d) Street No.

(e) Length of residence in city or town where death occurred 68 yrs. 4 mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFLAURIA A. BENNETT

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

JULY 19-1871

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

68416day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.FARMER9. 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  
occupationOCT-13-1939 1 YR

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

WRIGHT CO. MISSOURI

FATHER

13. NAME

CHAS. BENNETT

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

INDIANA

MOTHER

15. MAIDEN NAME

DESLAGAY

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

TENN.

17. INFORMANT

(ADDRESS)

Vernon E. Bennett  
Manfield Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ashley Cem. DATE Dec. 8, 1939

19. FUNERAL DIRECTOR (NAME)

(ADDRESS)

F. A. STEFF  
MANFIELD Mo.20. FILED 1-10

19

40 Roy G. Burnett  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1, 1939 to DEC 5, 1939I last saw him alive on DEC 3, 1939 Death is saidto have occurred on the date stated above, at 10:40 A. M.

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

Hemorrhage  
of Brain  
87K

Date of onset

Other contributory causes of importance:

Cerebral 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

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) [Signature] M. D.(Address) [Address]

RECEIVED

District Health Officer No. 6,

District File Number 1240-2341

Date Filed JAN 12 1940

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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

*H. C. Steffe*

Licensed Embalmer No. 3221

P. O. Address

*Manfield mo*

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.