

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

1573  
Do not use this space.

1. PLACE OF DEATH *Barry, Mo.*  
 (a) County *Barry* Registration District No. *31*  
 (b) Township *Purdy* Primary Registration District No. *5044* Registered No. *2*  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 *John William Bennett*  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Amatha Bennett*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 17 - 1859*  
 7. AGE YEARS *80* MONTHS *1* DAYS *31* If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired*  
 9. Industry or business in which work was done, as saw mill, bank, etc. *Farmer*  
 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) *Mo.*  
 FATHER 13. NAME *Asa Bennett*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *?*  
 MOTHER 15. MAIDEN NAME *Nancy Williams*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *?*  
 17. INFORMANT (ADDRESS) *Vena Williams Purdy, Mo.*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Hellon Cem.* DATE *Jan. 12 1940*  
 19. FUNERAL DIRECTOR (ADDRESS) *Blankenship, Mount-Purdy, Mo.*  
 20. FILED *Jan. 20, 1940 Donald Blankenship Local Registrar*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 8 1940*  
 22. I HEREBY CERTIFY, That I attended deceased from *Jan. 6 1940* to *Jan 8 1940*  
 I last saw him alive on *Jan 8 1940* Death is said to have occurred on the date stated above, at *10 P.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Bronchial Pneumonia* Date of onset *1-6-40*  
 Other contributory causes of importance:  
*Sinitis Myocarditis Chronic*  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? *Phy* 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) *J. J. Walden*  
 (Address) *Purdy Mo*

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 240-275

Date Filed FEB 1 1940

STATEMENT BY LICENSED EMBALMER

I, L. N. Blankenship, Licensed Embalmer No. 2397

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. N. Blankenship

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed L. N. Blankenship

Licensed Embalmer No. 2397

**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.)**