

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6313

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
111 Myrtle 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 19 years
years, months or days)

3. (a) PRINT FULL NAME James Lewis Bennett

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: July 7 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 28 If less than one day hr. min.

9. Birthplace: Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation farmer Retired

11. Industry or business _____

MOTHER FATHER { 12. Name: Amose Stricklin
13. Birthplace: Don't know
(City, town, or county) (State or foreign country)
14. Maiden name: Mary Hamber
15. Birthplace: Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Bennett

(b) Address Excelsior Springs, Mo.

17. (a) Gravel Hill (b) Date thereof File 7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravel Hill

18. (a) Signature of funeral director Gladys Pichay

(b) Address Excelsior Springs, Mo.

19. (a) Feb 7, 1940 (b) Mrs. P. McCracken
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray
(c) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 111 Myrtle (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1940 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from birth
suddenly and did not attempt
that I last saw him alive on several months ago
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation (sudden)

Due to Chronic Coronary Artery
Due to trachea

Other conditions 94%
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations: ✓
Of autopsy: ✓

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 John J. Grace (M. D. or other) 1
Address Excelsior Sp. Mo Date signed 2/7/40

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

7
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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/5/40

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.....

Walter Barker

Registered Apprentice No. *228*

working under my personal supervision.

Signed *Claude P. Nichol*

Licensed Embalmer No. *2751*

P. O. Address *Excelsior Springs*

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.