

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.

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

30025

Do not use this space.

SEP 25 1940

1. PLACE OF DEATH

(a) County Wayne Registration District No. 89C
(b) Township St. Francis Primary Registration District No. 6188
(c) City Greenville (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

GORDON POLITTE BENNETT
(a) Residence, No. 4709 Page ave St. Louis mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maudie Taylor Bennett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 30 1915</u>		
7. AGE <u>25</u>	YEARS <u>0</u>	MONTHS <u>0</u>
DAYS <u>0</u>		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Molder</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>in Am. Mangrove suit mill</u>		
10. Date deceased last worked at this occupation (month and year) <u>Aug 24 1940</u>		
11. Total time (years) spent in this occupation <u>14 6 mo</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wayne co mo</u>		
13. NAME <u>Lee Bennett</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wayne co mo</u>		
15. MAIDEN NAME <u>Della Twidwell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wayne co mo</u>		
17. INFORMANT (ADDRESS) <u>Maudie Taylor Bennett</u> <u>Mason Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jodi mo.</u> DATE <u>Sept, 1940</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>H. F. Bush</u> <u>Madison mo.</u>		
20. FILED <u>Sept 3 1940</u> <u>Maheal Beasley</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1940

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 4:00 p. m.

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

Shot gun wounds
in Thoracic and
abdominal regions.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? homicide Date of injury Aug 30 1940
Where did injury occur? Near Greenville mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot
Nature of injury Wound in thoracic and abdominal regions

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) Adam F. Wagner, M. D.
(Address) Greenville, Mo.

STATEMENT BY LICENSED EMBALMER

I, Norman W. Gish, Licensed Embalmer No. 3387
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed

Norman W. Gish
Licensed Embalmer No. 3387

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.)

This Mr Bennett should have had his
Social Security Number given on Cer-
but the Coroner made it out on one the
old Farns - so I did not know
if I should take it or not.

Mabel Bensley
Reg 890