V. S. No. 2
M—11-10-39
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35502

Registration District No. 398 Primary Registration District No. 5554 Registrar's No. 248

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Blue Mt P (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1623 S. Spring (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 (Specify whether

In this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence, Mo (If outside city or town limits, write "RURAL")

(d) Street No. 1623 S. Spring (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME John Wm. Bennett

3. (b) If veteran, name war ——

3. (c) Social Security No. 486-05-7925

4. Sex Male

5. Color or race wh.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fannie Bennett

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Aug. (Month) 10 (Day) 1882 (Year)

8. AGE: Years 58 Months 2 Days — If less than one day ..... hr. ..... min.

9. Birthplace Kirksville (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Watchman 0

11. Industry or business Columbia Tank Co 0

FATHER
12. Name John F Bennett
13. Birthplace North Platt (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Wiggans
15. Birthplace Bransville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Lenora E Mallett

(b) Address 1623 So. Spring

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13-40 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Utica Mo.

18. (a) Signature of funeral director Oth + Mitchell

(b) Address Independence, Mo

19. (a) Oct. 12, 40 (Date received local registrar) (b) L. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-10-40 day year ..... hour ..... minute 5P M.

21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....; that I last saw the deceased alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Myocarditis

Due to Chr Vasc Nephritis

Due to 121

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)

While at work? 360 (e) Means of injury

23. Signature Russell W Kerr (M. D. or other) 5

Address Rcd Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.