

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

40043

Do not use this space.

## 1. PLACE OF DEATH

(a) County Wayne Registration District No. 893  
 (b) Township Cidal Creek Primary Registration District No. 6195A  
 (c) City Lodi, Mo. (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

Allen J. Bennett  
 (a) Residence, No. Lodi, Mo. 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 <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 (write name of) <u>Lydia Bennett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-27-1877</u>		
7. AGE <u>62</u>	YEARS <u>8</u>	MONTHS <u>22</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		9. 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 occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lodi, Missouri</u>		
13. NAME <u>Holmes &amp; Bennett</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lodi, Missouri</u>		
15. MAIDEN NAME <u>Wakelield</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Caldwaller, Missouri</u>		
17. INFORMANT (ADDRESS) <u>J. Latt Bennett, Lodi, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bennett Cemetery Jan. 30 - 1940</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>M. C. Gray, Poplar Bluff, Mo.</u>		
20. FILED <u>1/29</u> , 19 <u>40</u> <u>J. F. Schuessler</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1940

22. I HEREBY CERTIFY That I attended deceased from Jan 28, 1940 to Jan 29, 1940.  
 Last saw him alive on Jan 28, 1940. Death is said to have occurred on the date stated above, at 10 a.m.

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

Broncho-pneumonia Date of onset 1/25/40

Other contributory causes of importance: 1072

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 \_\_\_\_\_, 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? No

If so, specify \_\_\_\_\_

(Signed) O. B. Myron M. D.815 (Address) Granville, Mo.

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**STATEMENT BY LICENSED EMBALMER**

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

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**