

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

Do not use this space.

60018

1. PLACE OF DEATH

County Wayne
 Township Cowan
 City Hiram (No. 5)

Registration District No. 893
 Primary Registration District No. 6194

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Floy Bennett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23 1819</u>		
7. AGE YEARS <u>59</u> MONTHS <u>7</u> DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, 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) <u>Lodi</u> (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Phillip Washington Bennett</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>9</u>		
15. MAIDEN NAME <u>Ann Bennett</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>7</u>		
17. INFORMANT (ADDRESS) <u>Floy Bennett</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Patterson</u> DATE <u>2-9</u> 19 <u>39</u>		
19. UNDERTAKER (ADDRESS) <u>Robert Dorsey S.P.</u>		
20. FILED <u>Apr 22</u> 19 <u>39</u> <u>J. J. Paulsen</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1938 to 2-8 1939
 I last saw him alive on 2/1 1938 Death is said to have occurred on the date stated above, at 8-9 m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Insufficiency Date of onset 1938

Other contributory causes of importance: g2k

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

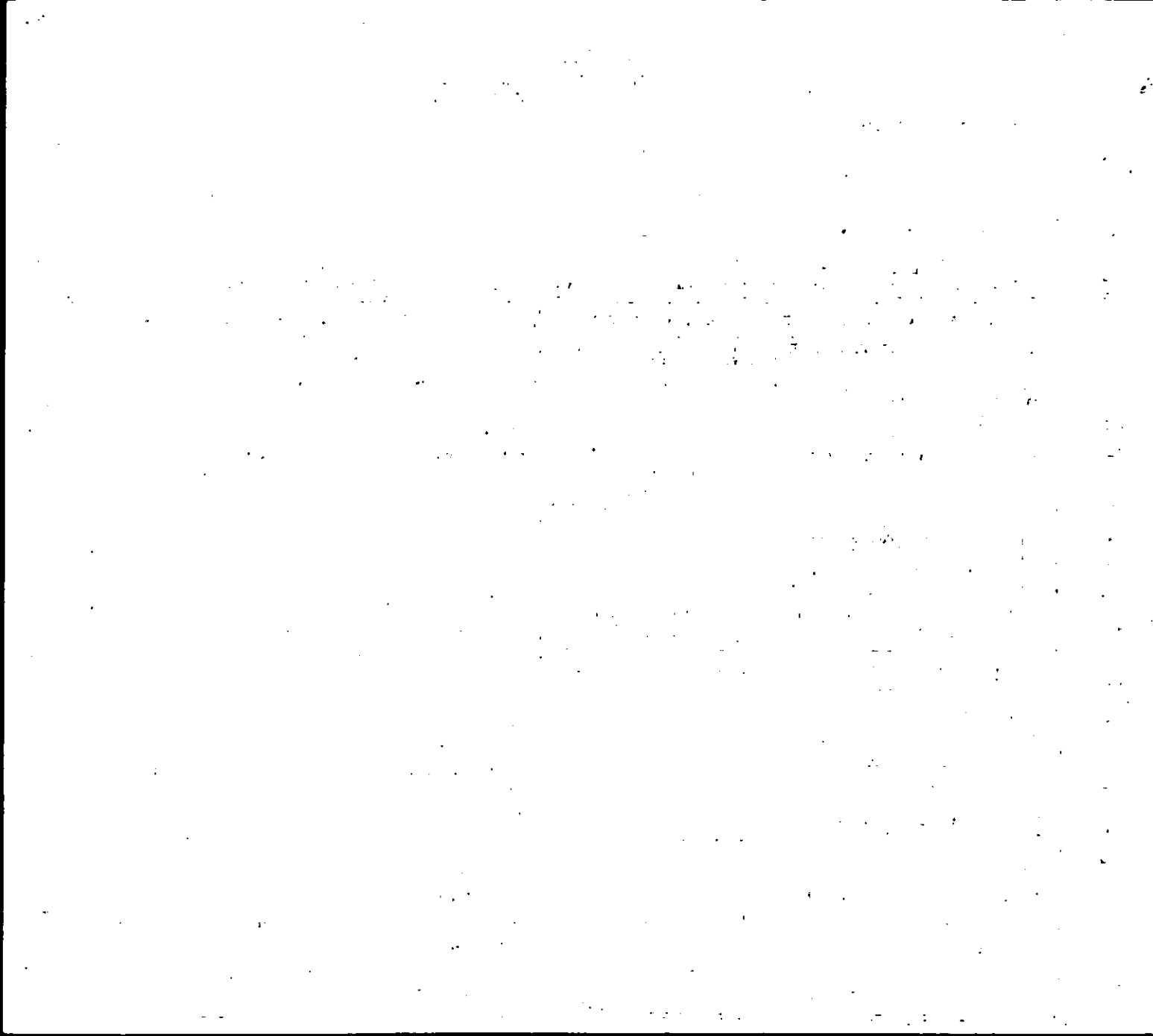
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

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. R. Dwyer M. D.
 (Address) Greenfield, 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.

WHITE PLAINLY, WITH ENLARGING INSTRUMENTS—THIS IS A PERMANENT RECORD



MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 40048

Registration District No. 89.3

Primary Registration District No. 6196

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County: Wayne
(b) City or town: Corvair T.P.
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community
years, months or days)

3. (a) PRINT
FULL NAME

John Lee Bennett

3. (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

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

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

59

7

15

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

- (b) Address

17. (a) _____ (b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) April 22 1939 (b) _____

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Wayne

- (c) City or town Patterson
(If outside city or town limits write "RURAL")

- (d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8
year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

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 sta-
tistically.

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 O. A. Meyers (M. D. or other)

Address Greenville Mo Date signed _____

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

SUPPLEMENTARY

1940
S-40048

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