

No. 2  
4-13-40  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43452

State File No. \_\_\_\_\_

JAN 25 1941

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 384

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution:  
1514 South Ohio  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days) 30 years 2

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1514 South Ohio  
(If rural, give location)

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

3. (a) PRINT FULL NAME Albert T. Bennett

3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Eula O'Bryan Bennett 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 28, 1880  
(Month) (Day) (Year)

|         |           |          |           |                      |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years     | Months   | Days      | If less than one day |
|         | <u>60</u> | <u>9</u> | <u>10</u> | _____ hr. _____ min. |

9. Birthplace Denver, Colorado  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter, Stone mason

11. Industry or business \_\_\_\_\_

12. Name Lewis Bennett

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Bennett (Son)

(b) Address 1514 South Ohio, Sedalia, Mo.

17. (a) Burial (b) Date thereof 12/10/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Sedalia

18. (a) Signature of funeral director Deane Ewing  
(b) Address Sedalia, Mo.

19. (a) 12/10/40 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1940 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan \_\_\_\_\_, 1940, to Dec 8 \_\_\_\_\_, 1940  
that I last saw him alive on Dec 8 \_\_\_\_\_, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis of blood

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (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? Mo.  
(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Sedalia Date signed 12/10 40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

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4

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Dr. Snavely  
5th and Ohio

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1-14-41

**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 *Dwaine Kuning*

Licensed Embalmer No. *3849*

P. O. Address *Seattle, Wa*

**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, fact should be so stated above.**