

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.

REC JAN 27 1941

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

44191

Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 65  
(b) Township Essex Primary Registration District No. 6192 Registered No. 8  
(c) City 2 (d) Street No. 2 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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 Barbara June Bennett

(a) Residence, No. 0 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) Patterson, Mo.

FATHER 13. NAME George J. Bennett  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellview, Mo.

MOTHER 15. MAIDEN NAME Maxine Adams  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Mo.

17. INFORMANT George J. Bennett (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Res Care DATE 12-28 1940

19. FUNERAL DIRECTOR F. J. Bates (ADDRESS) Piedmont, Mo.

20. FILED Jan 2 1941 Mrs. F. M. Polka Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27 1940

22. I HEREBY CERTIFY, That I attended deceased from Not at all, 1940, to 1940, 1940.  
I last saw him alive on Dec 6, 1940. Death is said to have occurred on the date stated above, at 3 am.  
The principal cause of death and related causes of importance were as follows:

Found dead in bed about 3 am. no known cause of death. Had had cold for few days.  
Other contributory causes of importance: 104 W

Name of operation 104 W Date of 104 W  
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 1940, 1940.  
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 104 W  
Nature of injury 104 W

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) E. J. Bates M. D.  
(Address) Piedmont, 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.)**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44191

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 6d-

Primary Registration District No. 6192

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County Wayne  
(b) City or town Pogon  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(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 Barbara June Bennett

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_

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 \_\_\_\_\_ min.  
2 21

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 \_\_\_\_\_ (Month) (Day) (Year)

- (c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

- (b) Address \_\_\_\_\_

19. (a) Jan 3, 1941 (b) Mr. J. M. Poole  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri County Wayne

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

- (d) Street No. \_\_\_\_\_ (If rural, give location) Rural

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

- that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 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 \_\_\_\_\_

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 C. S. Davis (M. D. or other) \_\_\_\_\_

- Address Piedmont Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

