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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17625

Dr. H. I. Taylor
Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 111 Adams Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 111 Adams Street 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James A. Bennett

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased October (Month) 22 (Day) 1848 (Year)

8. AGE:

Years	Months	Days	If less than one day
92	6	27	____ hr. ____ min.

9. Birthplace Holts Summit, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired merchant

11. Industry or business ____

FATHER
12. Name Milton Bennett
13. Birthplace Madison County, Ky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth McMickel
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Bennett
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-22-1941 (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos. J. Gadon
(b) Address Jefferson City, Missouri

19. (a) 5/21/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1941 hour 4 minute A M.

21. I hereby certify that I attended the deceased from May 1st, 1941, to May 21, 1941;
that I last saw him alive on May 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial nephritis

Due to ____

Due to ____

Other conditions Arteriosclerosis
(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? ____ (e) Means of injury ____

23. Signature H. I. Taylor M.D. (M. D. or other)
Address Jefferson City Mo Date signed 5-21-41

(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 Joseph J. Gordon

Licensed Embalmer No. 1286

P. O. Address Jefferson City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.