No. 2
-1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18741

Registration District No. 709 Primary Registration District No. 6291 Registrar's No.

1. PLACE OF DEATH:

(a) County Polk 7 Mo

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

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk 84

(c) City or town Flemington Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Martin Bennett

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race Wht

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Lucinda Bennett

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

7. Birth date of deceased March (Month) 12 (Day) 1861 (Year)

8. AGE: Years 80 Months 2 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) N.C (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Ben Bennett
13. Birthplace (City, town, or county) N.C. (State or foreign country)

MOTHER
14. Maiden name Rebecca Bennett
15. Birthplace (City, town, or county) N.C. (State or foreign country)

16. (a) Informant
(b) Address

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/3/41 (Month) (Day) (Year)
(c) Place: burial or cremation Flemington Cem

18. (a) Signature of funeral director J R Luckey
(b) Address Wheatland, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 P
year 1941 hour 1 minute 100 M.

21. I hereby certify that I attended the deceased from Jan 1939 to May 30 1941
that I last saw him alive on May 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with heart failure

Due to ~~Chronic~~ Atherosclerosis

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 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

6291

23. Signature D C McCran (M. D. or other)
Address Bolivar Mo Date signed 6/4/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-71-1016
Date Filed 6-11-41

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 J. R. Luckey.

Licensed Embalmer No. 2982.

P. O. Address Wheatland Mo

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.