

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

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.

**FRI AUG 18 1941**

Primary Registration District No. 4550

1. PLACE OF DEATH:  
(a) County Andrew Co  
(b) City or town Vandalia, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: at home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 yrs 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles F. 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 Married  
(b) Name of husband or wife Goldie Bridgewater 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased Aug 9 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Rush Co Ind  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Building

12. Name Robert A. Bennett

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

14. Maiden name Wanda A. Bennett

15. Birthplace Rush Co Ind  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles F. Bennett

(b) Address Vandalia, Missouri

17. (a) Buried (b) Date thereof July 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rush Co Ind

18. (a) Signature of funeral director Charles F. Bennett

(b) Address Center, Mo

19. (a) July 14 1941 (b) D. Lee A. Good  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Andrew  
(c) City or town Vandalia, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 412 E Park St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 13  
year 41 5 hour 30 P minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from July 13, 1941, to July 13, 1941,  
that I last saw him alive on July 13, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 day

Due to Arteriosclerosis (hardening)  
of the valves

Due to Chronic Endocarditis

Other conditions Arteriosclerosis of the  
(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 D. P. Marshall (M. D. or other) Do

Address Vandalia, Mo Date signed July 14

OCT 23 1942

RECEIVED

District Health Officer No. 10

District File Number 8-41-1455

Date Filed AUG 9 1941

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 James R. Luese

Licensed Embalmer No. 3356

P. O. Address Center, Me

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, above space should be left blank.