

FILLED OCT 16 1941

State File No. _____

Registration District No. 837

Primary Registration District No. 4508

Registrar's No. _____

1. PLACE OF DEATH:
(a) County. Stoddard
(b) City or town. Bloomfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Stoddard
(c) City or town. Bloomfield
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME. MOY BENNETT

MEDICAL CERTIFICATION

3. (b) If veteran, name war. --- 3. (c) Social Security No. None

20. DATE OF DEATH: Month September day 9th
year 1941 hour 7:50 minute A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Bennett 6. (c) Age of husband or wife if alive --- years

21. I hereby certify that I attended the deceased from Sept 29, 1941 to Jan 21, 1941
and from August 16, 1941, to September 9, 1941;
that I last saw him alive on September 9, 1941
and that death occurred on the date and hour stated above.

7. Birth date of deceased 6-11-1910
(Month) (Day) (Year)

Immediate cause of death Acute generalized miliary tuberculosis pulmonary and intestinal tuberculosis
Due to Tuberculosis

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>2</u>	<u>28</u>	hr. _____ min. _____

Due to _____
Due to _____
Other conditions. (Include pregnancy within 3 months of death) _____

9. Birthplace Bloomfield, Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations ---
Of autopsy ---
PHYSICIAN ---
Underline the cause to which death should be charged statistically.

10. Usual occupation X- City Marshall

11. Industry or business _____

12. Name Nicholas Bennett

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

14. Maiden name Barbra Hester

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

16. (a) Informant Mrs. Lillian Bennett

(b) Address Bloomfield, Mo.

17. (a) Burial (b) Date thereof 9-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluff cemetery

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) Sept. 17, 41 (b) Spornie Turch
(Date received local registrar) (Registrar's signature)

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 Joseph Lederman (M. D. or other) M.D.
Address Bloomfield, Missouri Date signed 9-12-41

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

066

MOTHER FATHER

RECEIVED

District Health Office No 2,

District File Number 1041-1429

Date Filed 10/14/41

JUL 1 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.....

John Cooper

Licensed Embalmer No..... 4119.....

P. O. Address... Bloomfield, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32755

Registration District No. 837

Primary Registration District No. 4508

Registrar's No. _____

1. PLACE OF DEATH

(a) County Stoddard

(b) City or town Bloomfield
(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 _____ (b) County _____

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Moy Bennett

3. (b) If veteran, name war 11

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____; _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: (Month) 6 - (Day) 11 (Year) 1910

8. AGE: Years 31 Months 2 Days 18 If less than one day _____ min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

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

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?
_____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ 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

1. Bloomfield

