

FILED OCT 8 1941

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

32861

Do not use this space.

1. PLACE OF DEATH

(a) County WAYNERegistration District No. 890(b) Township GREENVILLE TWPPrimary Registration District No. 4539(c) City GREENVILLE(d) Street No. 1

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. Bennett(f) How long in U. S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME

(a) Residence, No. EDNA MAY BENNETTGREENVILLE MOSt. ☐

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

SINGLE

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

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

JULY 22 - 1941

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

119

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

Bibby

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

GREENVILLE MO

FATHER

13. NAME

BERT BENNETT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

GREENVILLE MO

MOTHER

15. MAIDEN NAME

MELBA FISIT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

ZALMA MO

17. INFORMANT (ADDRESS)

BERT BENNETT GREENVILLE - MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE

BOUNDS CREEK

DATE

9-10

1941

19. FUNERAL DIRECTOR (ADDRESS)

NATIONAL FUNERAL HOME GREENVILLE - MO

20. FILED

Sept. 12 1941 Mabel Beasley

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 10 194122. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1941, to Sept 8, 1941.I last saw him alive on Sept 8, 1941, 19... Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

congenital Les

Date of onset

Other contributory causes of importance:

30 X

Name of operation

Date of

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, 19...

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. H. H. M. D.

(Address)

Piedmont, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

1 X1204

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.)