

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21500

State File No.

Registrar's No.

FILED JUL 9 1943

Registration District No. 237

Primary Registration District No.

4144

25

1. PLACE OF DEATH:

- (a) County Dade Center Twp.
(b) City or town Greenfield, 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 His life
years, months or days3. (a) PRINT
FULL NAMEHenry Emerson Bennett

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

Male

5. Color or
-
- race

W.

6. (a) Single, widowed, married,

Divorced, widowed

6. (b) Name of husband or wife

Miss Brown

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Oct. 10 1872
(Month) (Day) (Year)

8. AGE:

Years

69

Months

7

Days

21

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

Indiana

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Henry Bennett

13. Birthplace

(City, town, or county)

Not known

(State or foreign country)

14. Maiden name

not known

15. Birthplace

(City, town, or county)

Not known

(State or foreign country)

16. (a) Informant's own signature

Maggie S. Long

- (b) Address

Greenfield, Mo.

17. (a)

Burial
(Burial, cremation, or removal)

- (b) Date thereof

June 8 42
(Month) (Day) (Year)

- (c) Place: burial or cremation

Greenfield, Cen

18. (a) Signature of funeral director

J. W. Ward

- (b) Address

Greenfield, Mo.

19. (a)

June 12 42
(Date received local registrar)

- (b)

Phyllis Lack
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Dade
(c) City or town Greenfield
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Gun shot in head
self inflicted (Suicide)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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) Suicide
(b) Date of occurrence 6-5-42
(c) Where did injury occur? Elzd. Dade Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Friends home

While at work?

(Specify type of place)

(e) Means of injury

Gun shot

23. Signature

A. H. Harn

(M. D. or other)

Address

Greenfield, Mo.Date signed 6-6-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 742-915

Date Filed JUL 8 1942

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. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield 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, above space should be left blank.