

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 280

Primary Registration District No. 5964

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Parkville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #20 #31 Parkville Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 16 years (years, months or days)

3. (a) PRINT FULL NAME Isaac N. Bennington

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

4. Sex Male 5. Color White 6. (a) Single, widowed, married, 1-Married

(b) Name of husband or wife Ida Daugherty 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Aug 9 1850 (Month) (Day) (Year)

8. AGE: Years 91 Months 11 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Bennington

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

14. Maiden name Martha Gifford

15. Birthplace Inda Kuch (City, town, or county) (State or foreign country)

16. (a) Informant Floyd De Lase

(b) Address #20 #31 Parkville Mo

17. (a) Interment (b) Date thereof Aug 10-42 (Month) (Day) (Year)

(c) Place: burial or cremation St Washington

18. (a) Signature of funeral director Island H Francis

(b) Address Parkville Mo

19. (a) 8-8-42 (Date received local registrar) (b) Mrs Clay Gifford (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte
(c) City or town Parkville (If outside city or town limits, write "RURAL")
(d) Street No. 4 miles East (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1942 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from _____ 19 35 to Aug 7 19 42

that I last saw him alive on Aug 5 19 42 and that death occurred on the date and hour stated above

Immediate cause of death Myocardite Duration _____

Due to _____

Due to _____

Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations 922

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 S. P. Ford (M. D. or other) _____

Address Parkville Mo Date signed 8-7-42

1209 (Licensed Embalmer's Statement on Reverse Side)

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

83
00

SEP 21 1942

RECEIVED

District Health Officer No. Platte
District File Number 9-42-70
Date Filed 9-2-42

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed

L. H. Francis

Licensed Embalmer No. 3451

P. O. Address, Parkville 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.