

FILED NOV 11 1942

Registration District No. **24**Primary Registration District No. **5091**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Rockhill, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(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 **22 yrs**

3. (a) PRINT

FULL NAME **Josephine Bennett**3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **MARRIED**6. (b) Name of husband or wife **WALTER BENNETT** 6. (c) Age of husband or wife if alive **78** years7. Birth date of deceased **Jan 13 1868**
(Month) (Day) (Year)8. AGE: Years **74** Months **8** Days **27** If less than one day hr. _____ min. _____9. Birthplace **Joanna Mo**
(City, town, or county) (State or foreign country)10. Usual occupation **House Wife**

11. Industry or business

12. Name **Louis J. Schnabel**13. Birthplace **Germany** 41
(City, town, or county) (State or foreign country)14. Maiden name **unknown**15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)16. (a) Informant **Dolly Madison Bennett**(b) Address **Rockville, Missouri**17. (a) **Burial** (b) Date thereof **Oct 13 - 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Windsor Mo**(a) Signature of funeral director **W S Walker**(b) Address **Rockville Mo**19. (a) **Oct 12, 1942** (b) **Mrs. Wilbert Steiner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Bates**(c) City or town **Rockville**
(If outside city or town limits, write "RURAL")(d) Street No. **42 mi S & 1/2 mi E of Rockville**
(If rural, give location)(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10**
year **1942** hour **10** minute **30** P.M.21. I hereby certify that I attended the deceased from **September 1** 1942 to **October 10** 1942that I last saw him alive on **October 10**, 1942
and that death occurred on the date and hour stated above.Immediate cause of death **Cerebral Hemorrhage** Duration **5 mo**Due to **arteriosclerosis** **5 yrs**Due to **Diabetes Mellitus** **5 yrs**Other conditions **61**
(Include pregnancy within 3 months of death)Major findings: Of operations **none performed** PHYSICIAN _____Of autopsy **none performed** 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) _____

(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 **M. O. Bieske** (M. D. or other) **MD**Address **Rockville, Mo** Date signed **10/14/42**

1303

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 71

District File Number 11-42-1893

Date Filed 11-9-42

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.....

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

Signed *Orson Eckhoff*

Licensed Embalmer No. 3922

P. O. Address *Appleton City, Wis.*

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. 33116

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural - Rockwell Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In the home Rockwell 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 32 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates
(c) City or town Rural
(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 Josephine Bennett
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex F 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 Jan 13
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

Duration _____
Due to _____
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(b) 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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

