

FILED FEB 9 1943

Registration District No. 184

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Brookfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
719 Hansen St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 3 years
 years, months or days)

3. (a) PRINT FULL NAME JOHN W. BENNETT3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Lucy Van Heber 6. (c) Age of husband or wife if alive 1853 years
 7. Birth date of deceased Dec. 11, 1853
 (Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 9 If less than one day _____ hr. _____ min.9. Birthplace Sullivan Co. Mo. U.S.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer - retired

11. Industry or business

MOTHER FATHER
 { 12. Name John Bennett
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Cynthia Pratt
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. W. C. Brown(b) Address 719 Hansen, Brookfield, Mo.17. (a) Burial (b) Date thereof Jan 22, 43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Rose Hill Cem.18. (a) Signature of funeral director Ruck Funeral Home(b) Address Brookfield, Mo.19. (a) 1-21-1943 (b) W. W. Cannon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
 (c) City or town Brookfield, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 719 Hansen St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1943 hour 4 minute 00 P. M.21. I hereby certify that I attended the deceased from Jan 18, 1943, to Jan 20, 1943, that I last saw him alive on Jan 19, 1943, and that death occurred on the date and hour stated above.Immediate cause of death Heart blockDue to Dilatation of heart fromDue to mitral insufficiencyOther conditions attending senility
(Include pregnancy within 3 months of death)Major findings: none
Of operations 926Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no(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? noneWhile at work? ✓ (Specify type of place) (a) Means of injury ✓23. Signature Mark R. Roads (M. D. or other) ✓
Address Brookfield Mo Date signed 1/21-43

Duration

3 daysDon't knowDon't know

PHYSICIAN

Underline the cause to which death should be charged statistically

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.....

H. B. Wright

Licensed Embalmer No. *3718*

P. O. Address. *Brookfield, 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.