

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15763

State File No. _____

Registrar's No. 16

FILED MAY 5 1943
Registration District No. 38

Primary Registration District No. 4538

1. PLACE OF DEATH:

(a) County WAYNE
(b) City or town Piedmont
(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 _____ years, months or days)

3. (a) PRINT

FULL NAME EDITH BENNITT

3. (b) If veteran,

name war _____

3. (c) Social Security

No. ✓

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DEC 13 1942
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

2 26

hr. min.

9. Birthplace Piedmont
(City, town, or county)

MISSOURI
(State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

12. Name JOHNNY BENNITT

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

14. Maiden name KATHERINE BENNITT

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

16. (a) Informant JOHNNY BENNITT

(b) Address Piedmont, MISSOURI

17. (a) BURIAL (b) Date thereof MAR 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MASARIC CEM. Piedmont

18. (a) Signature of funeral director Norman W. Hall

(b) Address Piedmont, Mo.

19. (a) April 15, 1943 (b) Med. Lattie Manns
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 8
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-6 to 3-8 1943
that I last saw her alive on March 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke, pneumonia

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)
(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 J. C. Puley (M. D. or other) 0
Address Piedmont MO Date signed 3-12

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4
District File Number 543-2102
Date Filed 5-4-43

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.....

Licensed Embalmer No. 3387

P. O. Address Fredonia, 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.