

ED SEP 7 1943 74
Registration District No. _____

Primary Registration District No. 3052

Registrar's No. 252

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1210 E. Eleventh Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1210 E. Eleventh St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles R. Bennett

3. (b) If veteran, name war World War # 1
3. (c) Social Security No. 702-16-3059

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mattie Lee
6. (c) Age of husband or wife 48 years

7. Birth date of deceased August 17th 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 11 24 hr. _____ min.

9. Birthplace Phoenix Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation machinest helper

11. Industry or business

12. Name George Bennett
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Myrtle Hobbs
15. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Lee Bennett
(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 8-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie

(b) Address Sedalia, Mo.

19. (a) 8/12/43 (b) Ann Anna Burger
(Date received at registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th,
year 1943 hour 12 minute 48 P M.

21. I hereby certify that I attended the deceased from January 14, 1943 to Aug. 11, 1943
that I last saw him alive on June 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration und. det.

Due to Chronic heart disease due to Cardiac hypertrophy, aortic dilation, the gumpson - station, myoearditis and hypertension
Other conditions hypertension
(Include pregnancy within 6 months of death)

Major findings: No operations. PHYSICIAN _____
Of operations _____
Of autopsy No autopsy.
Advised prescriptions made

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None.
(b) Date of occurrence 8/11/43
(c) Where did injury occur? No injury
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No injury

While at work at home (Specify type of place) Means of injury at home
23. Signature W. A. Frader (M. D. or other) 8/12/43
Address Sedalia, Mo. Date signed

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

RECEIVED

District Health Officer No. 8

Date Filed

SEP 17 1943

NOV 9 1943

File Number 9-3-7B

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 *L. E. Boulelin*

Licensed Embalmer No. *3867*

P. O. Address *Dedulia 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: