

7. S. No. 2
FORM-5-42
Rev. 5-17-39
MADE IN U.S.A.

31510

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

OCT 6 1943

Registration District No. 87

Primary Registration District No. 3017

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Casper

(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Saint Joseph's Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether years, months or days)

In this community 12 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pleasant

(c) City or town Franklin 045
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Ray Allen Bennett

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1943 hour 8 minute 20 A. M.

4. Sex Male 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 9-22-45
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-22 1943 to 9-23 1943
that I last saw him alive on 9-22 1943
and that death occurred on the date and hour stated above.

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

12 hrs. ✓ ✓ 17 hr. min

Immediate cause of death:
Pulmonary Collapse 12 hr
Congenital Heart 12 hr.

9. Birthplace Boonville 0
(City, town, or county) (State or foreign country)

Due to Lungs never became aeriated
Due to well after birth.

10. Usual occupation ✓

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business ✓

Major findings: Of operations 157

12. Name Ray Lee Bennett

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

Of autopsy

14. Maiden name Mrs Marie Ward

15. Birthplace Franklin Mo. 0
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant Ray Lee Bennett

(b) Address Boonville Mo.

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

17. (a) Removal (b) Date thereof 9-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deer Creek

(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?

18. (a) Signature of funeral director G. S. Neuhoff

(b) Address New Franklin Mo.

(Specify type of place)

While at work (e) Means of injury 0

19. (a) 9-23-43 (b) Dr. Chas. Swap
(Date received local registrar) (Registrar's signature)

23. Signature Geo W Blankenship M.D. (Date or other)

Address Boonville Mo. Date signed 9-23-43

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

27
1
2

RECEIVED

District Health Officer No. 8,

File Number

dated 10-1-13

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.....

Licensed Embalmer No.....

P. O. Address.....

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.