S. No. 2
1—S-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31986

FILED SEP 22 1943

Registration District No. 5653 Primary Registration District No. 5653 Registrar's No. 155

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mount Vernon Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 246 days (Specify whether years, months or days)
In this community: 46 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lawrence
(c) City or town: Aurora
(If outside city or town limits, write "RURAL")
(d) Street No.: 530 Highland (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Willard Thomas Bennett
3. (b) If veteran, name war: no
3. (c) Social Security No. 488-16-1451
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Separated
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan. (Month) 28 (Day) 1899 (Year)
8. AGE: Years 44 Months 6 Days 14 If less than one day hr. min.
9. Birthplace: Benton County (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Construction work
11. Industry or business:
MOTHER FATHER
12. Name: Thomas Bennett
13. Birthplace: St. Francois Co. (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name: Frances Allcock
15. Birthplace: Polk County (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant: Mr. Marshal, Record Clerk
(b) Address: Mo. State San, Mt. Vernon Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: SEPT 13/43 (Month) (Day) (Year)
(c) Place: burial or cremation: AURORA Mo
18. (a) Signature of funeral director: J. F. King
(b) Address: Aurora Mo
19. (a) 9/14/43 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11 year 1943 hour 7 minute 08 A.M.
21. I hereby certify that I attended the deceased from July 28, 1943, to Sept. 10, 1943 that I last saw him alive on Sept. 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	over 4 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Tuberculous Laryngitis	3 months

Major findings:
Of operations: Pt. 1
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: J. B. Stokes, (M. D. or other)
Address: Mt. Vernon, Mo. Date signed 9/11/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 943-1120
Date Filed SEP 21 1943

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.