

FILED DEC 22 1943 49
Registration District No.

Primary Registration District No. 1002

Registrar's No. 5014

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 1/2 Hours
In this community 5 1/2 Hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles B. Bennet

3. (b) If veteran, name war No

3. (c) Social Security No. None

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 19 1/2 years

7. Birth date of deceased November 26 1923
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>16</u>	<u>0</u>	<u>1</u>hr.min.

9. Birthplace Tampa Florida
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Wentworth Military Academy

12. Name Col. John B. Bennet

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

14. Maiden name Marion Smith

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marion S. Bennet

(b) Address Clearwater, Florida

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 11-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Washington D. C.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 11-29-43
(Date received local registrar)

(b) D. E. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Florida (b) County 11-1

(c) City or town Clearwater
(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 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-27 day 27
year 43 hour minute M.

21. I hereby certify that I attended the deceased from 11-27-43
to 11-27 1943
that I last saw him alive on 11-27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Pneumonia

Due to 36

Due to

Other conditions.....
(Include pregnancy within 5 months of death)

Major findings:
Of operations.....

Of autopsy above

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 D. E. Brown (M. D. or other)
Address 11-28-77 Date signed 11-28-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 10 1944

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.