

FILED MAY 10 1944

State File No.

Registration District No. 272

Primary Registration District No. 5912

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Stoddard Rural
(c) Name of hospital or institution St. Vincent's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural Steele
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Clemon Everett Bennett

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race 2 Colored 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 6, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 14 hr. min.

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

10. Usual occupation NONE

11. Industry or business NONE

MOTHER FATHER { 12. Name Martin Bennett

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

14. Maiden name Ruby Johnson

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

16. (a) Informant Martin Bennett

(b) Address Steele, Missouri

17. (a) Burial (b) Date thereof 2-22-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wiley Grove Cem. Steele, Mo

18. (a) Signature of funeral director Walter J. ...
(b) Address Steele, Mo

19. (a) 4/7/44 (b) Deborah ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 20th
year 1944 hour 12:50 minute P M.

21. I hereby certify that I attended the deceased from Feb 19
1944 to Feb 20 1944

that I last saw him alive on 2-19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure from
coronary

Due to _____

Due to _____

Other conditions 160c
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) (c) Means of injury D

23. Signature J.R. Chapman (M. D. or other) _____

Address Steele, Mo Date signed 3/4/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4-44-100

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

W. J. Embalmer