

FILED AUG 17 1944  
1/13

Registration District No. \_\_\_\_\_

Primary Registration District No. H1 85'

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Franklin MO  
(b) City or town St. Clair MO  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 75 years, months or days yes

3. (a) PRINT FULL NAME Henry William Bennett

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Fredricka Bennett 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 3-26-1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 23 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Beaufort MO  
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business \_\_\_\_\_

12. Name William Bennett

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

14. Maiden name Suzanna Hartung

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

16. (a) Informant Sula Bennett  
(b) Address St. Clair MO

17. (a) \_\_\_\_\_ (b) Date thereof 3-28-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair MO

18. (a) Signature of funeral director Ray & Sons

(b) Address St. Clair MO

19. (a) 7/23/44 (b) P. J. King Sr  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town St. Clair MO  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd  
year 1944 hour 12:15 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Aug 14th  
1939 to July 22nd 1944.  
that I last saw him alive on July 12th 1944.  
and that death occurred on the date and hour stated above.

Immediate cause of death Ingrition & exhaustion  
arterio-sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Endomyocarditis  
(Include pregnancy within 3 months of death) years

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) (e) Means of injury \_\_\_\_\_

23. Signature C. F. Briggler MD (M. D. or other) \_\_\_\_\_

Address St. Clair MO Date signed July 22/44

Duration

8 to 12  
years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

136  
330

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-16-44.....

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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 John P. Shieles.....

Licensed Embalmer No. 3008.....

P. O. Address Pacific 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.