

DM v. 5-17-39 I X37823

FILED MAR 12 1945
Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andrew Co Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 hrs.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles west New France Mo
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Bennick

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Emma McCarty 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4-1-1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Coan Co Texas (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Bennick

(b) Address New France Mo

17. (a) Burial (b) Date thereof 2-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New France Mo

18. (a) Signature of funeral director C. W. Haskins

(b) Address Montgomery City Mo

19. (a) 2-14-1945 (b) Margaret Macker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 13
year 1945 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from 1-29-1945 to 2-13-1945
that I last saw him alive on 2-13-1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to AFA

Other conditions Atherosclerosis
(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)
(b) Means of injury _____
23. Signature Frank Jolley (M. D. or other) MD
Address Mexico, Mo Date signed 2/14/45

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 3-45-478
Date Filed MAR 8 1945

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 on the 14
Day Feb 1945 Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 1487

P. O. Address Montgomery 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.