

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF HEALTH OF THE STATE OF MISSOURI  
BUREAU OF VITAL RECORDS  
**FILED** OCT 23 1945  
**STANDARD CERTIFICATE OF DEATH**

State File No. **32563**  
**4197**  
Registrar's No.

Registration District No. **149** Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
(a) County **Jackson**  
(b) City or town **K. C.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**K. C. Gen. Hosp. #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Day**  
In this community **2 Years** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Mo.** (b) County **Jackson**  
(c) City or town **K. C.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **440 S. White**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

**3. (a) PRINT FULL NAME** **Constance Ann Bennett**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**

4. Sex **Fe.** 5. Color or race **W**  
6. (a)  Single,  widowed, married, divorced **Child**  
6. (b) Name of husband or wife **Infant**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Oct. 31, 1913**  
(Month) (Day) (Year)

| 8. AGE: | Years    | Months    | Days                       | If less than one day |
|---------|----------|-----------|----------------------------|----------------------|
|         | <b>1</b> | <b>11</b> | <b>10</b><br><del>12</del> | hr. min.             |

9. Birthplace **Indep. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Child**  
11. Industry or business

MOTHER FATHER

12. Name **Stanley M. Bennett**  
13. Birthplace **Chillicothe Mo.** (City, town, or county) (State or foreign country)  
14. Maiden name **Louise Maxine Ford**  
15. Birthplace **Independence Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Louise Maxine Bennett**  
(b) Address **440 S. White**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct. 13, 1945** (Month) (Day) (Year)  
(c) Place: burial or cremation **Woodlawn Cem., Indep., Mo.**

18. (a) Signature of funeral director **H. H. Baker & Son**  
(b) Address **2825 Indep. Blyd., K.C., Mo.**  
19. (a) **10-12-45** (Date received local registrar) (b) **Geraldine Holman** (Registrar's signature)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **10** day **11** year **1945** hour **10:45** minute **P** M.  
21. I hereby certify that I attended the deceased from **Room**, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death  
**3rd degree burn of entire body**  
Due to **Coal oil + heating stove explosion**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **181-1**

Major findings: Of operations **15**  
Of autopsy **no history + angustula**

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) **accident**  
(b) Date of occurrence **10-11-45**  
(c) Where did injury occur? **440 S. White, 1st, Jackson Mo.** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In home**  
While at work? **no** (Specify type of place) (e) Means of injury **Coal oil explosion**  
23. Signature **J. M. Walker** (M. D.)  
Address **1424 W. 11th St.** Date signed **10-12-45**

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**