. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1945

State File No. 32564

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4198

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 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town K. C. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 440 S. White 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Stanley M. Bennett

3. (b) If veteran, name war World War #2

3. (c) Social Security No. 500-03-7615

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife ~~Louise~~ Lois M.

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased Oct. 6, 1917
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
28	0	6	hr. min.

9. Birthplace Chillicothe (City, town, or county) Mo. 6 (State or foreign country)

10. Usual occupation Machanic

11. Industry or business Chapman Dairy

FATHER
12. Name Marvin A. Bennett
13. Birthplace Unionville (City, town, or county) Mo. 6 (State or foreign country)

MOTHER
14. Maiden name Catheran Goldsworthy
15. Birthplace Ludlow (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant ~~Louise~~ Lois 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 Com., Indep., Mo.

18. (a) Signature of funeral director C. H. Blackman & Son

(b) Address 2825 Indep. Blvd., K.C., Mo.

19. (a) 10-12-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12
year 1945 hour 4 55 minute A M.

21. I hereby certify that I attended the deceased from Corner, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death 3d degree Burns entire body

Due to Coal oil & Heating stove

Due to explosion

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 181-1
15
Of autopsy no
History & Inspection

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 10-11-45 123

(c) Where did injury occur? 440 S. White K.C. 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
(Specify type of place)

While at work? no (e) Means of injury Coal oil explosion

23. Signature James C. Walker 3 (M. D. ~~or other~~) Corner

Address 1424 Prof. Bldg. Date signed 10-12-45

(Licensed Embalmer's Statement on Reverse Side)

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.