S. No. 2
M—8-43
5-17-39
PI X37823

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

State File No. 40872

FILED JAN 12 1946

Registration District No. Primary Registration District No. 4107 Registrar's No. 53

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town El Dorado Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cedar Co
(c) City or town El Dorado Springs, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bennett, Isaac T.
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 Married
6. (b) Name of husband or wife Estella Bennett
6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Jan. (Month) 27 (Day) 1846 (Year)

8. AGE: Years	Months	Days	If less than one day
99	10	12	hr. min.

9. Birthplace (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Farmer, retired
11. Industry or business

FATHER
12. Name James Bennett
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name [illegible] Elsberry
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Estella Bennett
(b) Address El Dorado Springs, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 10 1945 (Month) (Day) (Year)
(c) Place: burial or cremation El Dorado Cem.
18. (a) Signature of funeral director Irvin-Carothers
(b) Address El Dorado Springs, Mo
19. (a) 12/10/45 (Date received local registrar) (b) J. C. Brannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1945 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 1943 to Dec 7, 1945
that I last saw him alive on Dec 7, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Degeneration	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

930

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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Dawson (M. D. or other)
Address El Dorado Springs Date signed 12/10/45

1633

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

...th Officer No. 7;

...umber 12-42-1321

Date Filed 1-11-46

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 M. D. Fuerrell

Licensed Embalmer No. 2034

P. O. Address Eldorado Springs, M

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.