

FILED JAN 21 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 218 PENN AVE /
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution NO
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER 41
(c) City or town JOPLIN 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 218 PENNSYLVANIA
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WM RILEY BENNETT

3. (b) If veteran, name war NO 3. (c) Social Security No. 500-09-3318

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 hr. min.

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

10. Usual occupation LABOREOR

11. Industry or business RAILROAD

MOTHER FATHER { 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 Queen Kelly
(b) Address Higginsville, MO

17. (a) BURIAL (b) Date thereof 1-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FAIRVIEW

18. (a) Signature of funeral director Hurlbut and Co
(b) Address Joplin MO

19. (a) 12-30-45 (b) Ed James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC, day 29
year 1945 hour 9 minute 05 P.M.
21. I hereby certify that I attended the deceased from December 1, 1945, to Dec - 29, 1945.
That I last saw him alive on Dec - 29, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 13K 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?

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

23. Signature E.C. East (M. D. or other) MD
Address Joplin MO Date signed _____

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

100468

45-12-1038

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

Perry F. Hurlbut

Licensed Embalmer No.

959

P. O. Address

Joplin, 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.