

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12699

State File No.

Registration District No.

Primary Registration District No.

5376

Registrar's No.

37

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Rural Grandview Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)
In this community 15 years

3. (a) PRINT FULL NAME

WILLIAM BYRD BENNETT

3. (b) If veteran,

name war No

3. (c) Social Security

Not 491-30-8879

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cammie Bennett 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 16 1884 (Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name JAMES B BENNETT
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Hernsey & Ramsey
15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cammie Bennett

(b) Address Cameron

17. (a) Burial (b) Date thereof 4-6-46 (Month) (Day) (Year)

(c) Place: burial or cremation Osborn

18. (a) Signature of funeral director Edmund Funeral Hse

(b) Address Cameron

19. (a) 4-6-46 (b) Wasey Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb 32
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Grandview Township (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1946 hour 1:45 minute 1:45 P.M.

21. I hereby certify that I attended the deceased from 2-26- 1946, to 4-4- 1946
that I last saw him alive on 4-4- 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Encephalitis

Due to Influenza 2 weeks.

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 place) Means of injury 2

23. Signature Wasey Dawson (M. D. or other) DO
Address Cameron, Mo. Date signed 4-4-46

(Licensed Embalmer's Statement on Reverse Side)

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

11604

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.