

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 19 1946
Registration District No. 61

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23001
State File No. 23001
Registrar's No. 30

1. PLACE OF DEATH:
(a) County Polk
(b) City or town El Dorado Spgs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Adult Conservation Club 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME David B. Bennett
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Lula Bennett 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Dec. 9 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 6 14 hr. min.

9. Birthplace Clark Co. Iowa
(City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Bennett 13. Birthplace Unknown 14. Maiden name Unknown 15. Birthplace Unknown
(City, town or county) (State or foreign country) (City, town or county) (State or foreign country)

16. (a) Informant Lula Bennett (b) Address Flemington, Mo.

17. (a) Burial (b) Date thereof June 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flemington Cemetery

18. (a) Signature of funeral director E. H. Brown

(b) Address Hannibal, Mo.

19. (a) 6/29/46 (b) J. C. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Flemington
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 23
year 1946 hour 10 minute 30 AM

21. I hereby certify that I attended the deceased from June 21st, 1946 to June 23, 1946
that I last saw him alive on June 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations 938
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) (e) Means of injury _____

23. Signature E. H. Brown M. D. or other DO.

Address El Dorado Spgs Mo. Date signed 6-28-46

RECEIVED

OFFICE NO. 2

6-46-764

Date 7-18-46

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 George W. Mafus

Licensed Embalmer No. 2752

P. O. Address El Dorado, Ark

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.