

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED** JUL 29 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **24613**

Registration District No. **280**

Primary Registration District No. **6-964**

Registrar's No. **81**

**1. PLACE OF DEATH:**

(a) County **Platte**  
(b) City or town **Russell**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Highway 5 miles East Parkville 7**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none**  
(Specify whether  
In this community **none**  
years, months or days)

**3. (a) PRINT FULL NAME.**

**Ann Bennett**

3. (b) If veteran, name was **no**

3. (c) Social Security No. **no**

4. Sex **Female**

5. Color or race **white**

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 **Aug. 18 1938**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**7 9 29** hr. \_\_\_\_\_ min.

9. Birthplace **Marshall MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **Fred J. Bennett**  
13. Birthplace **Steamboat N.Y.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Frances V. Martin**  
15. Birthplace **Saline Co MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. W. Hershberger**  
(b) Address **Marshall MO**

17. (a) **removal** (b) Date thereof **June 19-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ridge Park**

18. (a) Signature of funeral director **William H. Francis**  
(b) Address **Parkville MO**

19. (a) **6-18-46** (b) **Mrs. Ophelia Roelins**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Kansas** (b) County **Atchison**  
(c) City or town **Atchison**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **321 Atchison street**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **no**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **17**  
year **1946** hour **10** minute **P** M.

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

Immediate cause of death **Crushed chest**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:

Of operations **no**

Of autopsy **no**

**ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

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) **acc.**

(b) Date of occurrence **6-17-46**

(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?  
**Highway**  
While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **Tom H. Hulitt** (M.D. or other) **Coroner**

Address **Platte City MO** Date signed **6-18-46**

**257** (Licensed Embalmer's Statement on Reverse Side) **Call with other M.V.**

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

*L. H. Francis*

Licensed Embalmer No.

*3451*

P. O. Address

*Parkville 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.**