

FILED NOV 25 1946
Registration District No. _____

Primary Registration District No. 5295

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Rural CONCORD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CLINTON
(c) City or town Rural CONCORD
(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 _____

3. (a) PRINT FULL NAME GEORGE BENNETT

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

7. Birth date of deceased June 1 16 1907
(Month) (Day) (Year)

8. AGE: Years 39 Months 4 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business farming

12. Name James O. Bennett

13. Birthplace White Cloud Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Mary Scipio

15. Birthplace Ellsberry Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Bennett

(b) Address Lathrop Mo

17. (a) Burial (b) Date thereof 11-14
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Co MO

18. (a) Signature of funeral director DEMOS CRUNK

(b) Address Cameron MO

19. (a) 11-14-46 (b) Jas L. Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12
year 1946 hour 6 minute 30 A.M.

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

Immediate cause of death Fracture of cervical vertebrae
Due to Accident - tractor
he was driving overturned
in road.
Due to _____

Other conditions fracture he was
(Include pregnancy within 3 months of death)

Major findings: driving left side
Of operations roadway & overturned
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 25
(b) Date of occurrence November 12, 1946
(c) Where did injury occur? Clinton Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Highway 116

While at work? yes (e) Means of injury tractor overturned
(Specify type of place) (M. D. or other)

23. Signature A. D. Engleman Coroner 3
Address Cameron, Mo Date signed 11-12-46

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

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5295

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 *Joe Max Cunniff*

Licensed Embalmer No. *2533*

P. O. Address. *Cameron 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.