

No. 2  
8-13  
5-17-39  
K37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 29 1947**  
Registration District No. 38

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 918  
Registrar's No. 2

Primary Registration District No. 5526

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

1. PLACE OF DEATH:  
(a) County Hickory  
(b) City or town Jordan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community All of life  
years, months or days

3. (a) PRINT FULL NAME Marion Columbus Bennett  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NO

4. Sex MALE 5. Color or race W  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 4-24-1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 8 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Benton Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

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

16. (a) Informant Asa Bennett  
(b) Address Jordan, MO

17. (a) burial (b) Date thereof 1-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Robert Kellaway  
(b) Address Whitland, MO

19. (a) Jan 7-1947 (b) W. P. Hargiss  
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JAN day 3  
year 1947 hour 12 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Dec 12, 1946 to Jan 3, 1947  
that I last saw him alive on Dec 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death arsenic poisoning  
Duration 2 weeks

Due to chronic nephritis

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy BIB

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 2

23. Signature C. P. Bailey (M. D. or other) do  
Address Whitland, MO Date signed Jan 6

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RECEIVED  
DISTRICT HEALTH OFFICE NO. 1  
12-46-32  
DATE FILED 1-13-47

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.....  
William C Mendenhall....., Registered Apprentice No. 396  
working under my personal supervision.

Signed Clay Gilbert Hathaway  
Licensed Embalmer No. 9267  
P. O. Address Whittard, Ind

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.

Registration District No. 138 Primary Registration District No. 5526

1. PLACE OF DEATH:  
(a) County Hickory  
(b) City or town Jordan  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County McKerny  
(c) City or town Jordan (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marion C. Bennett  
(b) If veteran, name war NO  
(c) Social Security No. NO

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 13  
year 1947 hour 2 minute 30 P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 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 \_\_\_\_\_

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_  
7. Birth date of deceased April 24 1902 (Month) (Day) (Year)

Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 81 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

PHYSICIAN \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_  
11. Industry or Business \_\_\_\_\_  
12. Name Legis Bennett  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Ill  
14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Ala Bennett  
(b) Address Jordan, Mo  
17. (a) Burial (b) Date thereof 1-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Robinson, Embury  
18. (a) Signature of funeral director Libert Hathaway  
(b) Address Wheatland Mo  
19. (a) Jan 7-1947 (b) W.P. Hargiss  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

MOTHER FATHER

S-918