

S. No. 2
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Rev. 5-17-39
X35697

Wright

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23138**

FILED JUL 9 3 1947

Registration District No. _____

Primary Registration District No. **6183**

Registrar's No. _____

PLACE OF DEATH:

(a) County **Sullivan**

(b) City or town **Milan Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Polk Twp**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 days**
(Specify whether years, months or days)

In this community **30 days**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Iowa** (b) County **Fremont 999**

(c) City or town **Hamburg 112**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? **110** (Yes or No) **2**
If yes, name country _____

3. (a) PRINT FULL NAME **James E. Bennett**

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **8**
year **1947** hour **11** minute **9** A. M.

21. I hereby certify that I attended the deceased from **May 10**
2, 1947, to _____, 19____
(that I last saw him alive on **May 10**, 1947, and that death occurred on the date and hour stated above.)

4. Sex **M** **5. Color or** **W** **6. (a) Single, widowed, married,** **divorced** **Widowed**
race **W**

6. (b) Name of husband or wife **Alice Whitaker** **6. (c) Age of husband or wife if** **16 dead** years
alive _____ years

7. Birth date of deceased. **6** **16** **1861**
(Month) (Day) (Year)

Immediate cause of death **Myocardial**
insufficiency

Due to **probably arteriosclerosis**

Due to _____

Other conditions **Hypertension**
(Include pregnancy within 7 months of death)

8. AGE: Years **85** Months **11** Days **22** If less than one day
hr. _____ min. _____

9. Birthplace **Milan 1110**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **William Bennett**

13. Birthplace **184**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Emberton**

15. Birthplace **184**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Walter Sayre**

(b) Address **Milan 1110**

17. (a) **Burial** **(b) Date thereof** **6-10-47**
(Burial, cremation, or removal) (Month) (Day), (Year)

(c) Place: burial or cremation **Oak Grove**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Milan 1110**

19. (a) **July 3 - 1947** **(b) Mrs. H. B. Harris**
(Date received local registrar) (Registrar's signature) **220**

Major findings: _____

Of operations **97**

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 **J. S. Montgomery** (M. D. ~~not a~~)
Milan Mo. Date signed _____

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

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RECEIVED
District Health Officer No. 10
District File Number 2-47-825
Date Filed JUL - 7 1941

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 Dwight Schoen

Licensed Embalmer No. 2667

P. O. Address Union 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.