

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36871

FILED JUL 17 1947

State File No. \_\_\_\_\_

Registration District No. 277

Primary Registration District No. 3057

Registrar's No. 71

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:  
218 South Whitmer St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 40 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond  
(If outside city or town limits, write "RURAL")

(d) Street No. 218 South Whitmer St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN F. BENNETT

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th  
year 1947 hour 12:30 minute A. M.

3. (b) If veteran, name war none (c) Social Security No. 486-05-9953

21. I hereby certify that I attended the deceased from July 6 - 1947 to July 6 - 1947  
that I last saw him alive on July 6 - 1947  
and that death occurred on the date and hour stated above.

4. Sex Male (d) 5. Color or race White 6. (a) Single, widowed, married, divorced Married

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

6. (b) Name of husband or wife Gladys Jeffers Bennett 6. (c) Age of husband or wife if \_\_\_\_\_ years

Acute Dilatation

7. Birth date of deceased August 20, 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 10 12 hr. \_\_\_\_\_ min.

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

9. Birthplace Richmond, Missouri  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Laborer

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

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

MOTHER, FATHER { 12. Name John Bennett  
13. Birthplace Ray, County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lennie West  
15. Birthplace Camden, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Bennett  
(b) Address 218 S. Whitmer, Richmond, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof July 8, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Thurman Funeral Home  
(b) Address Richmond, Missouri

23. Signature E. L. Fox (M. D. or other) \_\_\_\_\_  
Address Richmond Date signed 7-7-47

19. (a) July 8 - 1947 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number \_\_\_\_\_

Date Filed 7-16-47

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, ~~J.F.S.~~ \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *J.F. Sherman* \_\_\_\_\_

Licensed Embalmer No. 2073 \_\_\_\_\_

P.O. Address Richmond, Missouri \_\_\_\_\_

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.