

No. 2
12-45
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X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2072

FILED FEB 3 1948

Registration District No. 2

Primary Registration District No. 3056

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
118 South 4th street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 118 South 4th street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John wallace 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 widowed

6. (b) Name of husband or wife Zettie Lee Bennett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 28 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 24 hr. min.

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

10. Usual occupation farming

11. Industry or business _____

12. Name Asa Bennett

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Margaret Vince

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

16. (a) Informant rerrill H. Bennett

(b) Address San Antonio, Texas

17. (a) burial (b) Date thereof 1/23/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Cotton

(b) Address Huntsville, Mo

19. (a) 1-26-48 (b) Richard Williams Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1948 hour about 11 minute P. M.

21. I hereby certify that I attended the deceased from Jan 20
1948 to Jan 21 1948
that I last saw him alive on Jan 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 hr

Due to _____

Due to _____

Other conditions Myocarditis ch
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 P

Of autopsy _____

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 P

23. Signature H. C. Griffiths (M. D. or other) _____

Address Moberly Date signed 1-22-48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Tom B. Patton
Licensed Embalmer No. 3914
P. O. Address Huntsville, Ala

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.