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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20078

Registration District No. 191 Primary Registration District No. 5701 Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Utica
(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 48 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL")
(d) Street No. 517 South Washington 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Dr. James Jewell Bennett
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Marie Bennett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 22 (Day) 1872 (Year)

8. AGE: Years 75 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Edgar County, Illinois 1
(City, town, or county) (State or foreign country)
10. Usual occupation Veterinary
11. Industry or business

FATHER
12. Name Phillip Brewster Bennett
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Wright
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Bennett 1
(b) Address Chillicothe, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) 5-27-48 (Date received local registrar) (b) Gatie L. Ewing (Registrar's signature) 175

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1948 hour 8:30 minute A. M.
21. I hereby certify that I attended the deceased from June 1, 1947 to May 24, 1948
that I last saw him alive on May 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion sudden — Duration
Due to unknown
Due to
Other conditions myocardial degeneration
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Clarence M. Grace (M. D. or other)
Address Chillicothe, Mo. Date signed May 25 1948

(Licensed Embalmer's Statement on Reverse Side)

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 Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.