

FILED AUG 25 1948 3
Registration District No. _____

Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether _____)

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

3. (a) PRINT FULL NAME John Wesley Bennett

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

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

6. (b) Name of husband or wife Pearl / Clubb 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 3 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>6</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Albert Bennett

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

14. Maiden name Martha Mason
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Martha Bennett

(b) Address Greenville, Missouri

17. (a) Burial (b) Date thereof 7/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lodi, Missouri

18. (a) Signature of funeral director William Eder

(b) Address Piedmont, Missouri

19. (a) 8/17/48 (b) A. W. M...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1948 hour 3 minute 2 M.

21. I hereby certify that I attended the deceased from 6 July
1948 to 12 July 1948
that I last saw him alive on 12 July 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
arteriosclerosis Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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: _____

23. Signature A. W. M... (M. D. or other) MD

Address Poplar Bluff Mo Date signed 8/16/48

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

MOTHER FATHER

RECEIVED

District Health Office No.

District File Number 848-1

Date Filed 8-23

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.....

Coder Funeral Home

, Registered Apprentice No.....

working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.