No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31695

State File No.

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 29

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Slater
(If outside city or town limits, write "RURAL")
(d) Street No. 422 N Elm St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Sylvester Frank 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~~ married
6. (b) ~~Name of husband or wife~~ Lola Bennett
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased December 25 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Ironton Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Locomotive Engineer
11. Industry or business S M & O Ry Co
FATHER
12. Name Samuel Thos Bennett
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sally Anna Cash
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lola Bennett
(b) Address Slater Mo
17. (a) Burial (b) Date thereof 10-11-48
(Burial, ~~cremation, or removal~~) (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Slater City Cemetery
18. (a) Signature of funeral director Jones & Salger
(b) Address Slater Mo
19. (a) Oct. 11, 1948 (b) Mrs. Earl C. Metz
(Date received local registrar) (Registrar's signature) 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9th
year 1948 hour 6 minute 20 A.M.
21. I hereby certify that I attended the deceased from Apr. 1942 to Oct. 8, 1948
that I last saw him alive on Oct. 8, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 2 Carcinoma with metastasis	2 years
Due to Primary undetermined	[redacted]
Due to	
Other conditions Biopsy of cervical gland revealed cancer (~~Include pregnancy within 3 months of death~~)	

Major findings:
Of operations
Of autopsy 55 E

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
23. Signature C. A. McTurney M.D. (M. D. or other)
Address Slater, Mo Date signed 10/10/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-23-48

MAR 25 1952

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 Richard V. Drummond, Registered Apprentice No. 103, working under my personal supervision.

Signed James E. Jon

Licensed Embalmer No. 3143

P. O. Address Slater M

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.