

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 20 1948

Registration District No. 1.19

Primary Registration District No. 4224

Registrar's No. 107

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

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

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

3. (a) PRINT FULL NAME Jessie Mary Bennett
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 2
 year 1948 hour UNKNOWN minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Charles Bennett
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: December 4 1869
 (Month) (Day) (Year)

that I last saw _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
 Immediate cause of death
SKULL FRACTURE AND
 Due to HEMORRHAGE

8. AGE: Years 78 Months 11 Days 28
 If less than one day _____ hr. _____ min.

Duration UNKNOWN
 Due to _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
 12. Name John A. Richardson
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Louisa Wylie
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 11/6
 Of operations _____
 Of autopsy _____
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Basil Bennett
 (b) Address Fortescue Missouri

17. (a) Burial (b) Date thereof Dec. 8 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest City, Missouri

18. (a) Signature of funeral director James H. Pettigrew
 (b) Address Oregon Mo.

19. (a) Dec 8 1948 (Date received local registrar)
J. Bennett (Registrar's signature) 1948

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Homicide
 (b) Date of occurrence PROBABLY DEC 2 IN THE MORN
 (c) Where did injury occur? FOREST CITY, MO
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
OWN HOME

While at work? _____ (Specify type of place)
 (c) Means of injury CLUB

23. Signature Dr. H. E. Cochran (M. D. or other) D.O.
 Address Oregon Mo. Date signed _____

MAR 10 1955

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 James H. Pittjohn
Licensed Embalmer No. 3192
P. O. Address Oregon Mo.

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.